



**St. Clair
Health**

Foundation

Gift Form

Name: _____

Date: _____

Gift Amount:\$ _____

Gift Designation: _____

I have included a check made payable to **“St. Clair Health Foundation”**

Please charge my: VISA _____ MasterCard _____ American Express _____

Card #: _____ Exp. Date _____

Name on Card: _____

Billing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Thank you for your generous support!

Please contact the St. Clair Health Foundation with any questions about:

Gifts of Stock • Planned Giving, Bequests & Charitable Gift Annuities • Matching Gifts