

Yes, I want to support the Bay Area Hospital Community Foundation.

Title Mr. Mrs. Ms. Other

Name _____

Please Print

Address _____

City/State/Zip _____

Phone _____

E-mail _____

I wish to remain anonymous in public materials

Annual Support Level *Please Check One*

Triton Guild: \$1,000 and up

Sea Star: \$500 to \$999

Agate: \$100 to \$499

Other Amount _____

One-time gift of \$ _____

In honor of _____

In memory of _____

Please notify the following of my gift:

Name _____

Address _____

City/State/Zip _____

I have enclosed my check for \$ _____.

Please charge my VISA MasterCard

Donation Amount: _____

Card #: _____ Exp. _____

**Are you employed by, or retired from,
a matching gift company?**

Company Name _____

Please clip and mail your tax-deductible contribution to:

Bay Area Hospital Community Foundation

1775 Thompson Road

Coos Bay, Oregon 97420