



Skagit Valley Hospital Foundation

Please accept my tax-deductible donation to support services and programs at Skagit Valley Hospital. Enclosed is my gift of \$_____. I would like my donation to support _____ Fund.

Please print, fill out and send this form with your contribution check to:

Skagit Valley Hospital Foundation
Attn: Linda Frizzell
PO Box 1376
Mount Vernon, WA 98273

To make a contribution by credit card, please call 360-428-2140.

Donor information:

From: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

E-mail Address: _____

In honor of: _____

In memory of: _____

Please notify: _____

Their Address: _____

City: _____ State: _____ Zip: _____

Does your employer have a matching gift program? Yes ___ No ___

Who is your employer? _____

Are you interested in information about how to make a planned gift?

Yes ___ No ___

Thank you for your contribution to the Skagit Valley Hospital Foundation