

Donate Now

wwgh.com/giving

Contact Information

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ - _____ E-mail: _____

Donation Amount

I would like to donate the amount of \$ _____ as a:

- Recurring Gift
 - Monthly
 - Quarterly
 - Annually
 - Please send me a reminder for recurring gifts
- One-time Gift

Donation Designation

- Hospital Project of the Year – Patient Room Renovations
- Unrestricted
- Health Education
- Benevolent Fund
- Other
 - If other, please specify:*
 - Please disperse my donation between programs designated above as follows:

- I wish for my gift to remain confidential

Major Gift or Pledge

- I would like to make a major gift or pledge to the above designated project in the amount of \$_____ to be paid as...
 - One payment
 - Pledge of payments over a period of:
 - One Year
 - Two Years
 - Three Years
- I would like to make a major gift or pledge to the hospital and would like to discuss the designated project and the amount with a WWGH Foundation representative.

Legacy Giving/Estate Planning

- I have included Walla Walla General Hospital in my Estate Plan and thus am eligible for membership in the Isaac and Maggie Dunlap Society. Please send me information about the I&M Society's activities and an invitation to the annual member's reception.
- I would like to attend the next Estate Planning Seminar (free to all participants) to learn more about options in my Estate Planning and Legacy Giving.
- I would like to visit with a WWGH Foundation representative for additional information about Estate Planning and Legacy Giving to benefit the hospital.

Optional – I Would Like My Gift to Be...

In Memory of: _____

In Honor of: _____

In Celebration of: _____

Address Acknowledgement to:

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Payment Information

- My check is enclosed

- Please charge my credit card
 - Visa
 - MasterCard
 - American Express
 - Discover

Name as It Appears on Card: _____

Card Number: _____

Security Code: _____ Expiration Month/Year: _____ / _____

Toal Charge to my Credit Card: \$ _____

Signature: _____ Date: _____

Print Form & Mail to:

Walla Walla General Hospital Foundation
P.O. Box 1398
Walla Walla, WA 99362

Please call the Walla Walla General Hospital Foundation at **509-527-8303** or send an e-mail to **WWGHGiving@ah.org** if you have any questions about the use of this form or any aspect of the hospital's fund raising program.

Comments:
