

## I choose to support UC Health.

### Gift amount:

\$ \_\_\_\_\_

### Please note your gift designation:

\_\_\_\_\_  
If designation is left blank, your gift will go to UC Health's area of greatest need.

### Contact Information:

\_\_\_\_\_  
Preferred Mailing Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone ☐ Home ☐ Cell ☐ Office

### In honor of:

\_\_\_\_\_  
Person being honored / memorialized

### Please notify:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

### Payment Method:

- ☐ Payment enclosed. Make check payable to the UC Foundation.
- ☐ Pledge payments will begin \_\_\_\_\_ and will be made:
  - Monthly
  - Quarterly
  - Semi-Annually
  - Annually

Credit card gifts may be made online at [uchealth.com/foundation](http://uchealth.com/foundation) or by calling **513-585-8229**. Monday-Friday, 8 a.m. – 5 p.m. EST.

For your convenience, credit card gifts may be spread over a number of months and/or years.