

# Donation Form

Thank you for supporting USC Arcadia Hospital by making a tax-deductible donation.

## DONOR INFORMATION

First and Last Name : \_\_\_\_\_

Street Address : \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## GIFT INFORMATION

Please select your preferred giving method:

### Credit Card

My total gift amount\*:  \$83.34 per month (\$1,000.08/year)  \$2,500  
 \$1,000  \$\_\_\_\_\_

*\*Donors whose gifts accumulate to \$1,000 or more in a calendar year will be recognized in our **Partners in Health** annual giving society.*

Type of credit / debit card:  VISA  Mastercard  AMEX  Discover

Credit card #: \_\_\_\_\_ Exp. date: \_\_\_\_\_ CVV: \_\_\_\_\_

Same as name and mailing address above.

Name on card: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

### Check

Please make payable to "USC Arcadia Hospital Foundation"

Enclosed is a check for my one-time gift of \$\_\_\_\_\_

### My area of support:

**Greatest Need**  Cardiac Care  
 Emergency Services  Maternal Child Health  
 Stroke Care  Other: \_\_\_\_\_

### My gift is a tribute gift:

In honor of: \_\_\_\_\_  
 In memory of: \_\_\_\_\_

### Select any donor committees you are a part of (if applicable):

Asian Outreach  
 Latino Outreach

## COMPLETE YOUR GIFT

Please mail your completed form (with check if applicable) to:

USC Arcadia Hospital Foundation  
300 W. Huntington Drive  
Arcadia, CA 91007

### Questions?

Please contact the Foundation office at 626-898-8888 or UAH-Foundation@med.usc.edu  
USC Arcadia Hospital Foundation Tax ID # 95-3407027.