



REGINA HEALTH CENTER

yes! *I wish to contribute the following amount to Regina Health Center. I understand that I am eligible for membership in the Annual Giving Circle Societies with my gift of \$100* or more.*

\$25 \$50 \$100* \$300 \$500 \$1,000 \$2,500+ OTHER _____

PLEASE APPLY MY GIFT: AREA OF GREATEST NEED OTHER _____ WISH LIST ITEM _____

YOUR NAME AND/OR ORGANIZATION _____

(AS IT SHOULD APPEAR IN REGINA HEALTH CENTER RECOGNITION MATERIALS)

I PREFER TO REMAIN ANONYMOUS ENCLOSED IS MY TAX-DEDUCTIBLE CHECK MADE PAYABLE TO **REGINA HEALTH CENTER.**

CHARGE MY: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

ACCOUNT NO. _____ CVV NO. _____ EXP. DATE _____ SIGNATURE _____

I WOULD LIKE TO MAKE A GIFT IN TRIBUTE IN HONOR OF IN MEMORY OF: _____

Please notify the following by sending an acknowledgement note to: (Gift amount will not be disclosed)

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____

IMPORTANT TO COMPLETE!

YOUR ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE _____ EVENING PHONE _____ EMAIL _____

YES! I'M INTERESTED IN A **CHARITABLE GIFT ANNUITY.** PLEASE SEND ME A CONFIDENTIAL, NO OBLIGATION GIFT ANNUITY ILLUSTRATION FOR \$ _____ (\$10,000 MIN.)

MY BIRTH DATE IS _____ 2ND ANNUITANT BIRTH DATE _____

I HAVE DESIGNATED RHC IN MY ESTATE PLAN. PLEASE SEND ME INFORMATION ABOUT **THE REGINA SOCIETY.**

MY GIFT WILL BE MATCHED BY MY EMPLOYER. COMPANY NAME _____

PLEASE **CALL** **EMAIL** **MAIL ME INFORMATION REGARDING THE FOLLOWING GIVING OPPORTUNITIES:**

INCLUDING RHC IN MY ESTATE PLANS (PLANNED GIVING) MAKING A GIFT THAT PROVIDES INCOME FOR LIFE

TAX SAVING OPPORTUNITIES OF DONATING STOCK INFORMATION ABOUT JOINING THE FRIENDS OF REGINA OTHER VOLUNTEER OPPORTUNITIES

many thanks!