

Group Health Foundation Donation Form



DONOR INFORMATION

Name _____

Home Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Evening Phone (____) _____ Email _____

Please list my / our name as: _____ Anonymous

GIFT INFORMATION

Total Amount of Gift / Pledge: \$ _____

I wish to make a donation to support the following fund:

Critical and Emergent Needs

Other: _____ (see reverse)

My / my partner's employer will match this gift. (Please enclose a company matching form with your gift)

I wish to make a gift in memory / honor (circle one) of: _____

Please send notification of my gift to: (Name) _____

(street address)

(city)

(state)

(zip)

PAYMENT OPTIONS

Check: Make check payable to *Group Health Foundation*.

Credit Card: Visa MasterCard Discover AMEX

Account # _____

Name on card _____ Exp. Date _____

Pledge: I wish to pay my gift in *monthly* *quarterly* installments.

Please charge my credit card listed above automatically.

Please send me a reminder.

Please send me more information regarding:

Appreciated securities

Estate planning seminars

Wills & bequests

Monthly electronic funds transfer

SIGNATURE AND SUBMITTAL (REQUIRED)

Your gift is fully tax-deductible. By signing this form you are communicating an intention to give. You may rescind or modify your intention to give at any time.

Signature _____ Date _____

Return this form to Group Health Foundation

320 Westlake Ave. N, Suite 100, Seattle, WA 98109

phone: 206-448-7330 toll-free: 866-389-5532

email: foundation.ghc@ghc.org | web: www.ghc.org/foundation

Leadership Circle

President's Circle
\$10,000+

Visionary
\$5,000-\$9,999

Innovator
\$2,500-\$4,999

Collaborator
\$1,000-\$2,499

Partner
\$500-\$999

Support Group Health in providing the best care for our members and creating better health in our communities.

Group Health Foundation is registered as a charitable organization with the Secretary of State, State of Washington.

Group Health Foundation

Designating Your Support



Group Health's mission and vision motivates thousands of donors to make gifts to the Group Health Foundation every year. The Group Health Foundation is uniquely positioned to invest in programs that benefit members *and* the communities we serve.

Donations to the **Critical and Emergent Needs Fund** help meet the most urgent and compelling needs of Group Health members and the community by providing support in the following areas:

Patient care excellence is the heart of Group Health. Gifts from donors support innovation and excellence in care delivery at all of Group Health's facilities.

Washington ranks 46th out of 50 states in **immunization rates** for children. Group Health, with the support of donors, is committed to improving this statistic. In partnership with local health departments, other health care organizations and public school districts, effective ways to increase access through a school-based approach are making an impact.

Donors can support innovation and research at Group Health via the **Partnership for Innovation** – a collaborative effort between the Foundation, the Group Health Research Institute, and Group Health Permanente. Funds are dedicated to projects initiated by staff and physician leaders in patient care and research.

Donors also have the opportunity to **designate gifts** to over 100 funds that support Group Health and the community, including: local medical centers, specific departments and programs throughout Group Health; employee scholarships, advanced training and emergency funding; and community grant making programs. Please see the web site below for details.

**For more information and a complete list of funds,
please visit the "Make a Gift" section of our web site at
www.ghc.org/foundation.**