



GUARDIAN ANGEL PROGRAM

PULLMAN REGIONAL HOSPITAL

Pullman Regional Hospital Foundation Guardian Angel Donation Form

The Guardian Angel program gives grateful patients an opportunity to honor a physician or hospital staff member while supporting Pullman Regional Hospital. Guardian Angel gifts support the hospital's highest needs.

GUARDIAN ANGEL INFORMATION:

I would like to make a Guardian Angel gift honoring: _____

Occupation (i.e., nurse, physician, etc.) _____

I can't choose one person. I would like to name Pullman Regional Hospital Staff as my Guardian Angel.

Reason for honoring: _____

(Continue on back if necessary)

I would like to make a gift in the following amount: (Please note: the minimum gift amount is \$250 per honoree)

\$250 \$500 \$1000 \$2,500 \$5,000 Other \$ _____

MY INFORMATION:

My Name: _____

Address: _____ City, State, Zip: _____

Email address _____ Phone (_____) _____

Please note: To receive email updates and other information, please provide your email. If you prefer not to receive email updates, do not include your email address. *All email addresses are kept confidential and not shared.*

Please charge my credit card:
Credit Card # _____ Expiration Date: _____

I have enclosed a check

Signature _____ Date _____

How would you like your name listed in donor recognition materials? _____

To donate online, visit www.pullmanregional.org/foundation

This philanthropic gift to Pullman Regional Hospital is tax deductible to the extent provided by law.

Pullman Regional Hospital Foundation
840 SE Bishop Blvd, Suite 200
Pullman, WA 99163
Phone - 509.332.2046 Fax - 509.332.2111
www.pullmanregional.org/foundation