

# Giving Where Seniors Call Home



## Donor Information: (Please print as will appear on Donor Honor Roll.)

Dr./Mr./Mrs./Ms./Miss First Name Middle Initial Last Name Suffix

Spouse's Name

Company

Address

City/State/Zip

Phone

Email

## Gift Information: (All gifts are tax deductible as allowed by law.)

**Amount:** \$250 \$100 \$50 Other \$\_\_\_\_\_ Legacy Society \$500 \$1,000 \$2,500 \$5,000 \$10,000

### Designation:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> John F. Norwood Quality of Life     | <input type="checkbox"/> Bethesda Dilworth        | <input type="checkbox"/> Bethesda Southgate                 | <input type="checkbox"/> Adult Day Care                     |
| <input type="checkbox"/> John W. Rowe Humanitarian Care      | <input type="checkbox"/> Bethesda Gardens         | <input type="checkbox"/> Bethesda Terrace                   | <input type="checkbox"/> Bethesda Hospice Care              |
| <input type="checkbox"/> Assisted Living at Charless Village | <input type="checkbox"/> Bethesda Hawthorne Place | <input type="checkbox"/> Eunice Smith Home                  | <input type="checkbox"/> Bethesda Rehab & Therapy Centers   |
| <input type="checkbox"/> Barnes-Jewish Extended Care         | <input type="checkbox"/> Bethesda Meadow          | <input type="checkbox"/> The Oaks at Bethesda               | <input type="checkbox"/> Bethesda Senior Support Solutions  |
| <input type="checkbox"/> Bethesda Barclay House              | <input type="checkbox"/> Bethesda Orchard         | <input type="checkbox"/> Village North Retirement Community | <input type="checkbox"/> St. Andrews & Bethesda Home Health |

**Donation Frequency:** Once Monthly Quarterly Semi-annually Annually

My employer will match my gift:

Employer Company Name

Address

City/State/Zip

## Dedication Information: (Optional)

In Memory of In Honor of \_\_\_\_\_

Name

Occasion, i.e. anniversary, birthday, holiday, veteran's service, etc.

## Please send notification to: (Bethesda will not disclose gift amount.)

Dr./Mr./Mrs./Ms./Miss First Name Middle Initial Last Name Suffix

Address

City/State/Zip

What is the relationship of the person receiving notification to the tributee? Spouse Child Sibling Other \_\_\_\_\_

Personal sentiment to include with notification: \_\_\_\_\_

## Payment Method:

Check payable to Bethesda Health Group Foundation is enclosed.

**Add gift to my Bethesda Resident Account:\*** \_\_\_\_\_

Signature

**Charge gift to the following credit card:\*** American Express Discover MasterCard Visa

Account Number

Expiration Date

Signature

\*I understand my account/credit card will continue to be billed until I notify Bethesda.

Please send me information on: Charitable Estate Giving Other Giving Opportunities Volunteer Opportunities

**Thank you for returning gift form to: Bethesda Health Group Foundation • 1630 Des Peres Road, Suite 290 • St. Louis, MO 63131**