



Thank you for your generosity. Your gift brings hope and healing to patients and families.

I'd like to make a monthly recurring gift in the amount of: \$ \_\_\_\_\_

I'd like to make a one-time gift in the amount of: \$ \_\_\_\_\_

Your support is greatly appreciated. Please feel free to designate your gift to the area that has the greatest meaning to you.

Emory Healthcare: Partners in Health Fund - Supports greatest need priorities including programs, services, and equipment

Emory Healthcare: Fund for Excellence (specific hospital- please write in): \_\_\_\_\_

Emory Healthcare: Employee Continuing Education Fund

Emory Healthcare: Employee Hardship Fund - Supports employees experiencing financial hardship (ex. illness, accident, fire, crime, etc.)

Winship Cancer Institute: Winship Discovery Fund - Supports research in areas of highest potential and of most immediate need

Other (please write in) \_\_\_\_\_

This gift is in honor/memory of: \_\_\_\_\_

Please send a letter of acknowledgment of my gift to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**PAYMENT INFORMATION**

My check is enclosed made payable to **Emory Healthcare**

Charge the gift to my credit card

Type of credit card:

Visa

Mastercard

American Express

\_\_\_\_\_  
Name as listed on card

\_\_\_\_\_  
Credit card number

\_\_\_\_\_  
Exp.

\_\_\_\_\_  
Signature

My employer or my spouse/partner's employer will match my gift.

To find out if your donation is eligible, go to [www.matchinggifts.com/emory](http://www.matchinggifts.com/emory)

Please ask a development officer to contact me about including Emory in my estate plan or visit [giftplanning.emoryhealthcare.org](http://giftplanning.emoryhealthcare.org)

Credit card gifts may also be made online at [together.emory.edu/give](http://together.emory.edu/give)

**PERSONAL INFORMATION**

Please provide your personal information for our records.

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Please return to:  
Office of Gift Accounting - Emory Healthcare  
1762 Clifton Road NE, Suite 2400  
Atlanta, GA 30322-4001

Please let us know if you wish to be removed from our mailing list. Gifts to Emory Healthcare are tax-deductible to the extent provided by law.