



Enclosed is my gift of \$_____ to benefit the following (please check):

Emergency/Trauma *Cardiac Care* *Family Maternity* *Pediatric Care*

Rehabilitation *Radiology* *Laboratory* *Facilities Improvements*

Tuition Assistance Program *Area of Greatest Need*

Other _____

From: _____
PLEASE PRINT NAME

Address: _____

Your gift may be made in tribute to someone special in your life or in memory of a family member or friend.

My gift IS NOT made in memory/honor of anyone.

My gift IS made in memory/honor of _____

If your gift is made in honor/memory of someone, please complete the section below:

Please send notification of this gift to: _____
PLEASE PRINT NAME

Address: _____

Credit Card Payment Form
Payable to Syringa Hospital & Clinics/Foundation

Name as it appears on Credit Card: _____

Billing Address: _____

Credit Card Number _____

Expiration _____ VISA MASTERCARD

Charge Amount \$ _____

Item Purchased: _____

Signature _____ Date _____

Laurie Rockwell
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Grangeville, ID 83530