



PROVIDENCE  
HEALTH  
FOUNDATION

Supporting the Mission  
of Providence Hospital

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## Wish List Contribution Form

Your generous gift will change a life and make you rich in joy and charity!

Yes, I/we want to give (item) \_\_\_\_\_ from

Providence Hospital's Opportunities for Giving with my/our gift of \$\_\_\_\_\_.

I/we would like to give the entire amount now. Please find enclosed my check (made payable to the Providence Health Foundation)

OR

I/we wish to pledge this contribution. Enclosed is my first payment of \$\_\_\_\_\_. I/we wish to complete our pledge payments during:

\_\_\_\_\_ January 2010 \_\_\_ in four quarterly or \_\_\_ in two semiannual payments

\_\_\_\_\_ 2010 and 2011 \_\_\_ in eight quarterly or \_\_\_ in four semiannual payments

Signature \_\_\_\_\_

Rather than send a check, I/we would like to use my/our:

Visa Master Card American Express

Card # \_\_\_\_\_ Exp. \_\_\_\_\_

Signature \_\_\_\_\_

E-mail \_\_\_\_\_

In this past year, Providence Hospital has given \$32 million in charity care. We always welcome a gift to the Charity Care Fund. Also, if one of the "Wish List" gifts does not fit with your philanthropic plan, yet you want to support that item, then we would welcome a gift at whatever level you feel comfortable giving.

If you have any questions, please do not hesitate to e-mail Barbara DeClerk at the Providence Health Foundation at [bdeclerk@provhosp.org](mailto:bdeclerk@provhosp.org) or call 202-269-7776.