



# 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](http://www.pullmanregional.org/foundation)

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

Pullman Regional Hospital Foundation  
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[www.pullmanregional.org/foundation](http://www.pullmanregional.org/foundation)