



**Novato Community
Hospital**

A Sutter Health Affiliate

With You. For Life.

NCH Annual Gala

StoneTree Golf Club, Novato

March 1, 2008

DONATION FORM

Recognition Name: _____
(Please print as you would like to be acknowledged).

Contact Name: _____

Address: _____
(Street) (City) (State) (Zip code)

Contact Info: _____
(Day phone) (Fax) (E-mail address)

Item *(please describe):* _____

Signature of Donor: _____ **Value of Item: \$** _____
(Fair market value of donation)

Solicitor: _____ **Date:** _____

Verbal pledges cannot be accepted. Written confirmation and description of donation is required. We must have all the information on this form in order to register your donation.

The net proceeds will be used toward the purchase of a CT Scanner for Novato Community Hospital.

Novato Community Hospital Tax ID #51-0206463.

Thank you very much for your donation.

MAIL THIS FORM TO:
Sutter Marin Foundation
Attn: Teresa Toy
4000 Civic Center Drive, Suite #150
San Rafael, CA 94903

FAX:
(415) 492-4731