



Donor Form

Please complete one form per person

Yes! I will make an IMPACT & support _____
raise money for _____ (runner) at St. Mary.
(designated fund)

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Ways to Give

Gift of: \$25 \$50 \$100 \$250 \$500 Other \$ _____

Cash/Check Payment: Enclose payable to: **St. Mary Medical Center Foundation**

Credit Card Payment: VISA MC AMEX DISC

Please charge my credit card \$ _____

Name as it appears on card _____

Credit Card # _____ Exp Date _____ CCV _____

Signature _____

Give online at: www.crowdrise.com/st-mary-medical-center

St. Mary Employee Payroll Donation

Emp ID# _____

Contribute \$ _____ one time deduction.

Signature _____ Date _____

St. Mary Medical Center Foundation

1050 Linden Ave., Long Beach, CA 90813



Dignity Health
St. Mary Medical Center

For more information:
#run4TeamStMary

