## **GIFT FORM**

**Thank you for giving where care matters most!** Your gift to The Foundation for Barnes-Jewish Hospital will help enrich lives, save lives, and transform patient care at Barnes-Jewish Hospital. Gifts to The Foundation are fully tax deductible to the extent allowed by law. If you have questions about making a gift, please call (314) 286-0600 or email GivingBarnesJewish@bjc.org.

## **GIFT INFORMATION:**

Title:  $\Box$  Mr.  $\Box$  Miss  $\Box$  Ms.  $\Box$  Mr. and Mrs.  $\Box$  Dr.

First Name	Middle Initial	Last Name	Suffix		
Spouse's Name					
Address	City	State	ZIP Code		
Email		Daytime Phone	Evening Phone		
GIFT AMOUNT:		$\Box$ I would like my gift	to remain anonymous.		
Please use my gift towa					
Barnes-Jewish Hospital Support Fund (7300)		Organ Transplant S	Organ Transplant Services Fund (5615)		
Siteman Cancer Center Fund (5258)		Multiple Sclerosis	Multiple Sclerosis Special Needs Fund (5810)		
Goldfarb School of Nursing Support Fund (6282)		Social Services and	Social Services and Patient Care Fund (7157)		
Cardiology General Support Fund (6345)		Barnes-Jewish Hos	Barnes-Jewish Hospital Auxiliary Tribute Fund (0427)		
Neurology Fund (7145)		Other	Other		
	Check American Exp	ress Discover Mast		me)	
<b>TRIBUTE INFORMAT</b> My gift is: in honor Please notify the person		ibute gift (we will not specify yo			
• •	ss 🔲 Ms. 🔲 Mr. and Mrs. 🗌				
First Name	Middle Initial	Last Name	Suffix		
Address	City	State	ZIP Code		
My employer has a m	natching gift plan. 🔲 I have in	ncluded The Foundation for Bar	nes-Jewish Hospital in my estate plans.		
Please send me inform	mation on including The Foundatic	on for Barnes-Jewish Hospital in	my estate plans.		
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