



Community Hospital of San Bernardino

A member of CHW

MEMORIAL PROGRAM

Your Memorial Gift is a thoughtful act of lasting value. It honors the memory of a friend, relative or associate and provides a vital service for the living.

A card with the gift amount will be sent to you, acknowledging your tax deductible donation. The family of the deceased will also be notified.

Please take a moment to fill in the information below:

Enclosed is a Memorial Gift in the amount of \$ _____

In Memory of (Name): _____

Please send an acknowledgement letter (my name and address information only) to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please send my gift acknowledgement and tax receipt to:

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Day Telephone # _____ FAX # _____

Email Address: _____

- Check #:** _____ is enclosed, made payable to CHSB Foundation
Mail to: 1805 Medical Center Drive; San Bernardino, CA 92411-1214

- Credit Card Payment** – Please charge my credit card as provided below:

Type of Credit Card: Visa Master Card American Express

Credit Card #: _____

Expiration Date: _____/_____/_____ 3-Digit Verification Code: _____

Name as it appears on card _____

Print

Signature: _____ Date: _____

- By checking this box, I give my permission for Community Hospital of San Bernardino to announce my gift in hospital publications and other sources.

- Please check here if you wish your name to be anonymous.



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If you have any questions or require additional information, please contact the Foundation at 909-806-1261

Thank you for your support!