



Community Hospital of San Bernardino Foundation

A Dignity Health Member

Donation Form

Thank you for your interest in supporting our mission to provide health care and educational services for the residents of the Inland Empire. Community Hospital of San Bernardino Foundation graciously accepts donations in many forms.

Please print and fill out this form, and send it along with your contribution. Make sure to keep a copy for your records. A receipt will be sent to you at the address provided.

Name: _____

Organization: _____

Address: _____ City/State: _____

Country/ZIP: _____

Telephone: _____ E-mail: _____

Yes, I want to support the Community Hospital of San Bernardino Foundation by contributing to: *(Please check the fund or funds you would like your donation to go to.)*

Appreciation/Memorial Gift in the name of _____

Annual Golf Classic Tournament

I/We would like to make a contribution by:

Cash/Check *(Please make checks payable to Community Hospital of San Bernardino Foundation)*

Credit Card (select below)

VISA

Mastercard

American Express

Cardholder: _____

Card number: _____

Expiration date: _____

Street Address: _____ City: _____ State: ____ Zip: _____

Signature: _____

Please print this form and fax it back to: 909.806.1390. Or mail, along with donation, to:

Community Hospital of San Bernardino Foundation
1805 Medical Center Drive
San Bernardino, CA 92411.

For more information about contributions, matching gifts, fundraising projects, and other ways to support Community Hospital of San Bernardino Foundation, please contact us directly 909.806.1389. Thank you for your support!