



Thank you! Your gift to Emory Healthcare is greatly appreciated and will help ensure that Emory continues to be a leader in providing outstanding patient- and family-centered care.

Please complete the following information, print this form, and mail with your check or credit card information to the address below. Please make checks payable to Emory.

Salutation: Mr. Ms. Mrs. Mr. & Mrs. Miss Dr.

Name (as it appears on card) _____

Address _____

City, State, Zip _____

Phone _____ Phone Type Business Home Mobile

Email Address _____

Check one MC Visa American Express

Amount of Donation: _____ Credit Card # _____ Exp: _____

Designate my gift to the following:

Emory Healthcare

- Wherever the need is greatest - Emory Healthcare Partners in Health
- Patient- and Family-Centered Care Support Initiatives
- Pastoral Services
- Clinical Quality and Patient Safety Initiatives
- Nursing Continuing Education
- Employee Continuing Education

Emory Clinic

- Fund for Excellence

Emory Johns Creek Hospital

- Fund for Excellence

Emory Saint Joseph's Hospital

- Emory Saint Joseph's Hospital Fund

Other

Please keep my gift anonymous

Emory University Hospital

- Fund for Excellence

Emory University Hospital Midtown

- Fund for Excellence

Emory University Orthopaedics and Spine Hospital

- Fund for Excellence

Emory Wesley Woods Center

- Fund for Excellence

Emory Brain Health Center

- Director's Fund

Winship Cancer Institute of Emory University

- Director's Fund

MAIL TO:
MSC 0970-001-8AA
Office of Gift Records
Emory Healthcare
1762 Clifton Road, NE Suite 1400
Atlanta, GA 30322-4001

*If you have any questions or would like to make a gift by phone, please call 404.727.9503.
Gifts to Emory Healthcare are charitable to the fullest extent of the law.*

Thank you for your support of Emory Healthcare!

Honor/Memorial Giving

My gift is: (please choose) In honor of In memory of

Name: _____

Honoree of Next of Kin Information

We will send a letter acknowledging your gift to the person of your choosing. This can be the honoree, next of kin for a memorial donation, or someone else. Please fill in the recipient's information below.

Name: _____

Address: _____

City, State, Zip: _____

Matching Gift

More than 500 companies will match or multiply donations made by their employees. Does your employer (or spouse's or partner's employer) have a matching gift program? If so, please remember to submit your request to your company to have your gift to Emory Healthcare matched.

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