



# DONATION FORM

Hacienda HealthCare  
Attn: Development Department  
1402 E South Mountain Ave  
Phoenix, AZ 85042  
MAIN: 602.243.4231 | FAX: 602.243.1217  
www.HaciendaHealthCare.org

***If you wish to make a donation by credit card and do not want to use our on-line donation method, you can mail, fax or call Hacienda HealthCare with your information. Please complete this form and return by mail or fax. (\* denotes required information)***

## CONTRIBUTION INFORMATION

\*Please accept my gift of .....  \$100  \$200  \$400  \$800  Other \$ \_\_\_\_\_

\*Gift frequency .....  Monthly  Quarterly  One-Time Gift

## GIFT DESIGNATION *(if check enclosed, please make payable to corresponding name below)*

- Hacienda Inc. (86-0253158)  Hacienda SNF Inc. (14-1906233)  Los Niños Hospital Inc. (86-0892673)
- Hacienda Children's Hospital Inc. (47-3035370)  Make this an AZ Tax Credit Gift?

## DONOR BILLING INFORMATION

\*Name *(as it appears on credit card)* \_\_\_\_\_

\*Billing Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_

\*Phone Number \_\_\_\_\_ \*Email \_\_\_\_\_

## CREDIT CARD INFORMATION

\*Payment type .....  Visa  MasterCard  AMEX  Discover  Check

\*Card/Check # \_\_\_\_\_ \*Exp \_\_\_\_\_ / \_\_\_\_\_ \*CVC \_\_\_\_\_

\*Cardholder Signature \_\_\_\_\_ \*Date \_\_\_\_\_

**For Internal Use Only**

Gift Processed by \_\_\_\_\_ Date \_\_\_\_\_

CKLG \_\_\_\_\_ CID \_\_\_\_\_ GID \_\_\_\_\_ INV \_\_\_\_\_

[TYL: Y  / N