

# My Gift of Gratitude

## I would like to make a donation in the amount of:

- \$50     \$100     \$250  
 \$500     \$1,000     Other \_\_\_\_\_

## I will fulfill this contribution as follows:

- Cash/Check  
(Make checks payable to Good Samaritan Foundation)  
 Stock\*  
 Pledge\*\*  
 Credit Card



To make a secure gift online visit us at [gshfoundation.com](http://gshfoundation.com) or call 513 862 3786

## My gift is designated for:

- Hospital's Greatest Needs  
 Good Samaritan Free Health Center  
 Cancer Care  
 Good Samaritan College of Nursing  
 Neurosciences  
 Newborn Intensive Care Unit  
 Women's Services  
 Other \_\_\_\_\_

## Please mail donations to:

Good Samaritan Foundation  
375 Dixmyth Ave  
Cincinnati, Ohio 45220

\* A development professional will contact you to help you with your stock transfer.

\*\* All pledges are billed monthly unless other instructions are received.

- Please remove my name from the Foundation's mailing list.

Name \_\_\_\_\_  
Please indicate how you wish to be listed for recognition

Address \_\_\_\_\_

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

Telephone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

- My Company's MATCHING GIFT form is enclosed.

## Tribute Gift

*Cumulative gifts of \$2,000 or more will qualify your friend or loved one for the Good Samaritan Tribute Society plaque.*

Please list my gift  in memory of  in honor of

Name \_\_\_\_\_

Please notify

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone (\_\_\_\_) \_\_\_\_\_

Relationship to above \_\_\_\_\_

- I have included Good Samaritan Hospital in my will or other estate plans.  
 I would consider including Good Samaritan Hospital in my will or other estate plans.  
 I would like information about estate planning programs that afford major financial benefits to me, my family and Good Samaritan Hospital.

*If you have questions, call 513 862 3786 or email [gshfoundation@trihealth.com](mailto:gshfoundation@trihealth.com).*

