

Yes! I want to support superior healthcare in my community by making a contribution of \$ _____ to:

- | | | |
|---|--|---|
| <input type="checkbox"/> Behavioral Health | <input type="checkbox"/> Geriatrics | <input type="checkbox"/> Support Services |
| <input type="checkbox"/> Cancer Services | <input type="checkbox"/> Heart | <input type="checkbox"/> Unrestricted |
| <input type="checkbox"/> Children's Hospital | <input type="checkbox"/> Hospice | <input type="checkbox"/> Women's Services |
| <input type="checkbox"/> Educational Scholarships | <input type="checkbox"/> Ministries | |
| <input type="checkbox"/> Emergency Services | <input type="checkbox"/> Neurosciences | |
| <input type="checkbox"/> General Medicine | <input type="checkbox"/> Outreach | |
| <input type="checkbox"/> Other (Please specify) _____ | | |

- I have made a provision for Palmetto Health in my will.
- I would like to know more about Palmetto Health Foundation's private, no-cost consultation service to learn more about estate planning that meets my goals and objectives.

Your gift is tax deductible to the fullest extent allowed by current law.

Be part of Palmetto Health Foundation's HEROES—**Hospital Employee Recognition Of Excellent Service**—to recognize the care you or a loved one received as a patient served by Palmetto Health. Your gift may be made in honor of an entire staff or an individual physician, nurse or healthcare professional that made your hospital stay better.

Palmetto Health healthcare professional to be honored:

Department at Palmetto Health:

If you have a patient experience to share, send it to
HEROES@palmettohealth.org.

Mr. Mrs. Ms. Other _____

Name _____

Address _____

City/State/Zip _____

Phone (work/home) _____

Email _____

MasterCard VISA American Express Other _____ Check made payable to **Palmetto Health Foundation**

Card # _____ Exp. Date: _____

Signature _____

This gift is in memory of honor of: _____

Send acknowledgement to: Name _____

Address _____

City/State/Zip _____