

TFHSF

Grateful Patient PROGRAM



..... *Say thank you in a meaningful way*

DONOR INFORMATION

Name: _____

Billing Address: _____

Email: _____ Phone: _____

PAYMENT INFORMATION

I am pleased to support the Tahoe Forest Health System Foundation in the amount of:

\$ _____ In Honor of: _____

Enclosed is my check made payable to TFHSF (P.O. Box 2508, Truckee, CA 96160)

Please charge my MasterCard/Visa/Amex

Account #: _____ Expiration Date: _____ CVV#: _____

Signature: _____

GIFT DESIGNATION

Tahoe Forest Health System Area of Greatest Need Hospice

Gene Upshaw Memorial Tahoe Forest Cancer Center Other: _____

Women and Newborn Care

Emergency Department

Tahoe Forest Health System Foundation is a non-profit 501(c)(3), tax ID # 94-3047869.
Donations are tax deductible to the full extent of the law.

If you wish to no longer receive our requests for charitable support, please let us know by emailing foundation@tfhd.com.

