



# Seton Medical Center Foundation

## Cash Donation Information Form

Enclosed is my tax-deductible gift of \$ \_\_\_\_\_ Date \_\_\_\_\_

Name (Mr. Mrs. Ms. Dr.) \_\_\_\_\_

Check payable to Seton Medical Center Foundation

Credit Card:    Master Card    Visa    American Express    Discover

Card number \_\_\_\_\_ Expiration date \_\_\_\_\_

Billing address \_\_\_\_\_

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

Phone number (home    business    cell) \_\_\_\_\_

Email address \_\_\_\_\_

Signature \_\_\_\_\_

In Honor of / In Memory of (name) \_\_\_\_\_

Send acknowledgement to (name) \_\_\_\_\_

Address \_\_\_\_\_

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

**Thank you for your generous donation!**

Please mail or fax completed form to:

Seton Medical Center Foundation  
1900 Sullivan Avenue  
Daly City, CA 94015

Fax: (650) 991-6098

