

Yes, I/we believe in the mission of Henry Mayo Newhall Hospital and want to be partners in BUILDING for YOUR HEALTH.

I/we plan on investing \$ _____ **TOTAL** Gift over _____ years.
(one to three-year pledges preferred)

Payment options: **(Please see instructions on back)**

May we publicly recognize your support? Yes No

Donor wall for gifts of \$5,000 and above **(Please list below how you would like your gift to be recognized in print)**

Naming Area for gifts of \$10,000 and above

Area(s) to be named _____

Name _____

Signature _____ Date _____

Mailing Address _____

Business Phone _____ Home Phone _____

Email _____

I would like to learn about making an impactful gift through planned giving.

thank you for your investment



Henry Mayo Newhall Hospital Foundation is a non-profit, tax exempt organization under the 501(c)3 Internal Revenue code.

The tax I.D. number is 95-3849903

23845 McBean Parkway, Valencia, CA 91355
661.200.1200 | henrymayogiving.com

buildingforyourhealth.com



Payment Options

CASH/CHECK PAYMENT OPTIONS

- Entire gift amount of \$ _____ is enclosed.
- Enclosed is my first cash/check pledge payment of \$ _____
- The balance will be paid: Quarterly Annually Other _____
- Please have the foundation office send me/us statements thirty days (30) in advance of due dates.

Please Make Check Payable To: Henry Mayo Newhall Hospital Foundation

CREDIT CARD PAYMENT OPTIONS

- Charge my: MasterCard Visa American Express Discover
- Credit Card Number _____ Expiration _____
- Name (as it appears on card) _____ Security Code _____
- Address _____
- City _____ State _____ Zip _____
- Charge my credit card with my entire donation of \$ _____
- Charge my credit card with \$ _____, as first payment on my pledge of \$ _____
- The balance may be charged: Monthly Quarterly Annually Other _____

GIFT OF SECURITIES PAYMENT OPTIONS

Method of Transfer:

- Gift of stock held in a brokerage firm.
- Stock _____ Number of shares _____

Please give the following information to your financial advisor:

*Foundation Brokerage Account Information: Morgan Stanley
24300 Town Center Drive, Suite 200, Valencia, CA 91355
Contact: Ryan Fullarton at 661.290.2010*

- Gift of physical stock certificates (Fill in Certificate # only when transferring actual stock certificates):
- Stock _____ Number of shares _____ Certificate # _____
- Stock _____ Number of shares _____ Certificate # _____

PLEASE

- DO NOT ENDORSE** the stock certificate(s) on the back of the certificate.
- Include signed stock power(s), leaving all other information blank.
Stock power must have signature guarantee.
- Either call the Foundation office for pick up at 661.200.1200 or deliver both the stock certificate(s) and power(s) to Henry Mayo Newhall Hospital Foundation, 23845 McBean Parkway, Valencia, CA 91355.
- If you should need a copy of a stock power, or have any questions, please contact the Foundation office at .661.200.1200.

If mailing stock certificates, **DO NOT ENDORSE.**

- Mail unendorsed stock certificates to the Henry Mayo Newhall Hospital Foundation.
- Under separate cover, mail a signed "stock power" with signature guarantee for each stock certificate.

Acknowledgment of receipt of above named certificates.