

# YES, I want to support the Physician Giving Campaign.

Dr. \_\_\_\_\_

Physician HMNH ID # \_\_\_\_\_ Med Staff Department \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Count on me to support Henry Mayo Newhall Hospital and the New Patient Tower.

I give permission to be listed as a donor. Name as it should appear for recognition:

**OPTION 1:** A one-time gift of \$ \_\_\_\_\_

Check payable to Henry Mayo Newhall Hospital Foundation (complete information on back)

Cash

**OPTION 2:** Please charge a gift of \$ \_\_\_\_\_ to my credit card (complete information on back)

One-Time  Monthly  Quarterly  Semi-annually

**OPTION 3:** Contribution of earned contract compensation:  Medical Director  On Call

One-Time  Recurring

Number of hours \_\_\_\_\_ for \_\_\_\_\_ months at current \$/Hr. of \_\_\_\_\_

For a total gift of \$ \_\_\_\_\_

## PLEASE FILL IN YOUR FULL ADDRESS

Address \_\_\_\_\_

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

**Signature is required for all gifts** \_\_\_\_\_ Date \_\_\_\_\_

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



Please return completed form to:  
Henry Mayo Newhall Hospital Foundation  
23845 McBean Parkway, Valencia, CA 91355  
661.200.1200 | Tax ID # 95-3849903

You can also donate online! Visit:  
[henrymayogiving.com](http://henrymayogiving.com) or [buildingforyourhealth.com](http://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

1. **DO NOT ENDORSE** the stock certificate(s) on the back of the certificate.
2. Include signed stock power(s), leaving all other information blank.  
*Stock power must have signature guarantee.*
3. 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.
4. 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.**

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

Acknowledgment of receipt of above named certificates.