



Gift Form

Thank you for supporting Women's Heart Health at Stanford. Private contributions provide critical support for innovative research as well as new and advanced patient care and services. To make a gift, please complete this form and return it with your donation.

Donor Information

First Name MI Last Name

Street Address City State Zip Code

Country Daytime Phone Evening Phone Email Address

This gift is given jointly with (name): _____

Address of joint donor (if different from above): _____

Gift Information

Gift amount: \$ _____

Please use my gift where it is most needed to support cardiovascular research, patient care, patient services, and education at Women's Heart Health at Stanford.

Please use my gift to support the following: _____

Tribute Gifts

This gift is given in memory of: in honor of:

Please send a notification card to: _____
Name Phone

Street Address City State Zip Code

Donor Name

Payment Information

- My check is enclosed payable to Stanford University
- Please charge my contribution to my credit card (all fields below required)
- Visa Mastercard American Express Discover

Card Number

Expiration Date (mm/yyyy)

Cardholder Name as it appears on card

Signature

Other Information

My employer matches gifts.

- I have enclosed the appropriate forms
- I will request matching gift forms from my employer

I would like more information about the following:

- Planned giving opportunities, including wills, estate planning, gift annuities, charitable remainder trusts, and other planned gifts
- Permanent named gift opportunities at Women's Heart Health at Stanford

Please return your completed form and gift by mail or fax to:

Women's Heart Health at Stanford
Development Office
2700 Sand Hill Road
Menlo Park, CA 94025
Fax: 650-234-0645

Questions?

Please call us at 650-234-0641 or 650-234-0600 (front desk)

Thank you for your gift to Women's Heart Health at Stanford