

**38th Annual Charity Golf Tournament
Friday, September 21, 2018**

**For recognition in all publications, please return this form to
St. Mary's Medical Center Foundation by May 11, 2018.**

IN-KIND DONOR INFORMATION (please print)		
Donor (as you would like it to appear in the program)	Other names to be included in the listing	
Name (if different from Donor listing above)	Website Address	
Mailing Address		
City	State	Zip
Email	Phone	Fax
DONATED ITEM (please print)		
Description Details of Donation	Estimated Fair Market Value \$	
Restrictions/Special Conditions/Expiration Date? Please provide complete details.		
Delivery	Certificates	
<input type="checkbox"/> I will deliver (by September 7 th)	<input type="checkbox"/> I will provide gift certificate	
<input type="checkbox"/> Please contact me to arrange pickup	<input type="checkbox"/> Please create gift certificate	
MAKE A MONETARY DONATION		
Donation Amount \$ _____		

Questions? Please contact Margine Sako. Please return this completed form by May 11, 2018:

St. Mary's Medical Center Foundation
450 Stanyan Street • San Francisco, CA 94117

415-750-5790 • stmarysfoundation@dignityhealth.org • www.supportstmaryssf.org • Fax 415-750-8132

Thank you for your support! Your donation may be tax deductible. Please consult your tax advisor.
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