



# Heart Institute of the Cascades

2500 NE Neff Road  
Bend, OR 97701  
Phone: (541) 385-6357  
Fax: (541) 385-6345

## Mail-In Donation Form

Please print, complete and mail to Heart Institute of the Cascades. Thank you for your support!

### Gift Information

I would like to make a tax-deductible contribution of \$: \_\_\_\_\_

### Direct my gift towards (optional):

- Greatest Need
- Research
- Education
- Community Programs
- Other: \_\_\_\_\_

### Donor Contact Information

Please verify that your contact information is correct to ensure proper preparation of your receipt for tax purposes.

Company Name: \_\_\_\_\_ Title: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Spouse's First Name: \_\_\_\_\_ Spouse's Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

### Payment Information

Please make checks payable to Heart Institute of the Cascades. If you wish to use a credit card, please complete the information below:

Credit card type:  MasterCard  Visa

Name on card: \_\_\_\_\_

Account #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

### Honor and Memorial Gifts

I wish to make a gift:  In Memory  In Honor of:

Name: \_\_\_\_\_

Please notify: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Note: The amount of your "honor" or "memorial" gift will NOT appear on the card.