



yes! I want to make a gift!

**One-time donation** \$ \_\_\_\_\_ .00  
\* \$5 minimum

**Check** (Please make payable to the foundation you choose to support)

donation options

| Foundation/Medical Site  | SPECIFIC PROGRAM OR AREA TO SUPPORT (OPTIONAL) | DONATION AMOUNT |
|--|--|-----------------|
| <input type="checkbox"/> <b>CARES Northwest</b> - Randall Children's Hospital Foundation       | _____  | \$ _____ .00    |
| <input type="checkbox"/> <b>Good Samaritan Foundation</b>                                      | _____  | \$ _____ .00    |
| <input type="checkbox"/> <b>Legacy Emanuel Medical Center</b> - Legacy Health Foundation       | _____  | \$ _____ .00    |
| <input type="checkbox"/> <b>Legacy Health Foundation</b>                                       | _____  | \$ _____ .00    |
| <input type="checkbox"/> <b>Legacy Hospice Services</b> - Good Samaritan Foundation            | _____  | \$ _____ .00    |
| <input type="checkbox"/> <b>Legacy Medical Group</b> - Legacy Health Foundation                | _____  | \$ _____ .00    |
| <input type="checkbox"/> <b>Legacy Meridian Park Medical Center</b> - Legacy Health Foundation | _____  | \$ _____ .00    |
| <input type="checkbox"/> <b>Legacy Mount Hood Medical Center</b> - Legacy Health Foundation    | _____  | \$ _____ .00    |
| <input type="checkbox"/> <b>Legacy Research Institute</b> - Legacy Health Foundation           | _____  | \$ _____ .00    |
| <input type="checkbox"/> <b>Randall Children's Hospital Foundation</b>                         | _____  | \$ _____ .00    |
| <input type="checkbox"/> <b>Salmon Creek Hospital Foundation</b>                               | _____  | \$ _____ .00    |
| <input type="checkbox"/> <b>Silverton Hospital Foundation</b>                                  | _____  | \$ _____ .00    |
| <input type="checkbox"/> <b>Unity Center for Behavioral Health</b> - Legacy Health Foundation  | _____  | \$ _____ .00    |

your information

Name \_\_\_\_\_  
REQUIRED (Note: this is also how you will be listed for donor recognition purposes)

I prefer to remain anonymous

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

Email \_\_\_\_\_

tribute gift (optional)

My gift is  in honor of honor of  
 in memory of

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Send a letter on my behalf

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

please mail the completed form and your check to

Philanthropy & Community Engagement  
P.O. Box 4484  
Portland, OR 97208