



DONATION FORM

Hacienda HealthCare
Attn: Development Department
1402 E South Mountain Ave, Phoenix, AZ 85042
MAIN: 602.243.4231 | FAX: 602.243.1217
www.HaciendaHealthCare.org

If you wish to make a donation by credit card and do not want to use our secure online donation method, please complete this form and return to the address or fax number listed above. For your safety, please do not mail cash. (* denotes required information)

CONTRIBUTION INFORMATION

*Please accept my gift of \$100 \$200 \$400 \$800 Other \$ _____

*Gift frequency Monthly Quarterly One-Time Gift

GIFT DESIGNATION (make checks payable to one of the affiliates listed below)*

Hacienda Inc. (86-0253158) Hacienda SNF Inc. (14-1906233) Los Niños Hospital Inc. (86-0892673)

Hacienda Children's Hospital Inc. (47-3035370) **Make this an AZ Tax Credit Gift!**

Campaign / Event / Project / Program (optional) _____

DONOR BILLING INFORMATION

*Name (as it appears on credit card) _____

*Billing Address _____

*City _____ *State _____ *Zip _____

*Phone Number _____ *Email _____

CREDIT CARD INFORMATION

*Payment type Visa MasterCard AMEX Discover Check Cash

*Card/Check # _____ *Exp _____ / _____ *CVC _____

*Cardholder Signature _____ *Date _____

For Internal Use Only
Gift Processed by _____ Date _____
CKLG _____ CID _____ GID _____ BID _____ INV/TID _____
[TYL: Y / N