

**** Memorial Donation in memory of Dr. Surjit Hermon ****

Mail to: CGH Health Foundation ~ 100 E. LeFevre Road, Sterling, IL 61081

Enclosed is my tax deductible gift of: \$1000 \$500 \$250
 \$100 \$50 \$20 Other \$ _____ Pledge Amount \$ _____

Name: *(as you would like to be recognized)* _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: () _____

Date: _____ E-Mail: _____

To be directed towards: *(Please check one)*

- Where the need is greatest (unrestricted)** Healthier Kids/Health & Fitness Eyeglasses for Kids
 Diabetes Prevention Cardiac Wellness Workplace Wellness Men's Health Scholarships
 Women's Cancer Colorectal Cancer Lung Cancer Cancer Care Prescott Dental Clinic

Thank You! Gifts to the CGH Health Foundation are tax deductible as provided by law.

Credit Card Contribution Form

Please charge my gift: Visa M/Card

Name: (as printed on card) PLEASE PRINT

Card #: _____

Visa 3 digit code: (on back of card): _____

Card Exp Date: _____

Signature: (must be signed to be valid)

For Office Use:

Check # _____ **Date:** _____

Cash **New** **Renewal**

N/R (yr _____)