



Donation form

Please submit this form and your check to:

John C. Lincoln Health Foundation
9100 North 2nd Street, Suite 301
Phoenix, AZ 85020

Date: _____

Enclosed is my check in the amount of \$_____ payable to the John C. Lincoln Health Foundation.

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Please email me my receipt.

TYPE OF DONATION *(Please choose one):*

- Area of Greatest Need
- Breast Health and Research Center
- Desert Mission
- John C. Lincoln Health Foundation
- John C. Lincoln Hospitals
- Other: _____

I wish to make this gift:

In Honor of: In Memory of: _____

Send acknowledgement to:

Name: _____

Address: _____

City/State/Zip: _____

Relationship to honoree: _____

Comment: _____

We thank you for your support.

Your contribution is tax-deductible.
The John C. Lincoln Health Foundation is designated as a 501(C)3 organization with a Tax ID of 95-3320185.

JCL.com/Foundation