

Printable Donation Form

If you would like to make a donation by check, credit card or to receive additional information, complete and print the form below and send it to:

Deaconess Foundation
311 Straight Street
Cincinnati, OH 45219

Please make your check payable to the Deaconess Health Associations Fund, Inc. You may also phone in a credit card donation to the Foundation offices at 513.559.2323.

Name: _____

Street Address: _____

City: _____

State/Province: _____

Zip/Country Code: _____

Country (if other than U.S.): _____

Phone number (with area code): _____

E-mail Address: _____

Place of Employment: _____

Title: _____

Address: _____

City: _____

State/Province: _____

Zip/Country Code: _____

Phone: _____

Amount of Gift \$: _____

Designate my gift to: _____

Please charge my VISA MasterCard

Card Number: _____

Exp. Date (month/year): _____

- I wish my gift to remain anonymous. My name will be excluded from any published list of donors.
- Please send me more information about planned giving opportunities.
- Please send me more information about endowment opportunities.
- I am interested in including/have included Deaconess Foundation in my will/estate plans.

Thanks for your support!

Deaconess Foundation is a 501 (c) (3) tax-exempt organization. Cash and stock donations are fully tax deductible as allowed by applicable law.