



St. Bernardine Medical Center Foundation

A member of CHW

DONATION FORM

*Thank you for considering a gift in support of St. Bernardine Medical Center.
Please complete the following information and mail it with your gift to:*

St. Bernardine Medical Center Foundation
2101 North Waterman Avenue
San Bernardino, CA 92404-4836

Name: _____

Company Name: (if applicable) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Day Telephone # _____ FAX # _____

Email Address: _____

Gift Amount: \$ _____

Check #: _____ is enclosed, made payable to SBMC Foundation.

Credit Card Payment – Please charge my credit card as provided below:

Type of Credit Card: Visa Master Card American Express

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*If you have any questions or require additional information,
please contact the Foundation at 909-881-4516.*

Thank you for your support!