

General Donation Form

CHRISTUS Ochsner Southwestern Louisiana Foundation offers unique ways for giving back to our community. By supporting CHRISTUS Ochsner Lake Area Hospital and CHRISTUS Ochsner St. Patrick Hospital and the services they provide, you can make a difference with your gifts.

You can make a positive impact on many generations to come.

Yes, I want to support programs that will improve the outcomes of our hospitals' patients now and in the future with my contribution/pledge of \$ _____

Please direct my donation to the following area:

- | | |
|---|--|
| <input type="checkbox"/> Area of Greatest Need | <input type="checkbox"/> Cardiology (Heart) Services |
| <input type="checkbox"/> Children's Services | <input type="checkbox"/> Neurosurgery/Orthopedics |
| <input type="checkbox"/> Oncology (Cancer) Services | <input type="checkbox"/> Women's Services |
| <input type="checkbox"/> Spiritual Care | <input type="checkbox"/> Other _____ |

Please fill out the following information, place into an envelope and mail to the CHRISTUS Ochsner SWLA Foundation at 524 Dr. Michael DeBakey Drive, Lake Charles, LA 70601. Make check payable to: CHRISTUS Ochsner SWLA Foundation

To be paid:

- In Full Annually Semi-annually Quarterly for _____ years
(up to five) beginning __/__/_____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone Number: _____ Cell: _____

Signature: _____ Date: _____

This gift is in memory/honor of:

Name of deceased: _____

Name of honoree: _____

For a memorial or honorarium, please send notification of this gift to:

Name: _____

Relationship to deceased/honoree: _____

Address: _____

City: _____ State: _____ Zip: _____

- Check this box if your company or your spouse's company has a Matching Gift Program.

Company Name(s): _____

I would like to have additional information sent to me concerning:

- Establishing an Endowment Planned Giving

CHRISTUS Ochsner SWLA Foundation Tax ID# 47-1496376

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www.ChristusOchsnerSWLAFoundation.org