

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 direction my donation to the following area: □ Area of Greatest Need □ Cardiology (Heart) Services □ Children's Services □ Neurosurgery/Orthopedics □ Women's Services □ Oncology (Cancer) Services □ Other _____ □ Spiritual Care Please fill out the following information, place into an envelope and mail to the CHRISTUS Ochsner SWLA Foundation at P.O. Box 1807, Lake Charles, LA 70602. 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: _____ 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