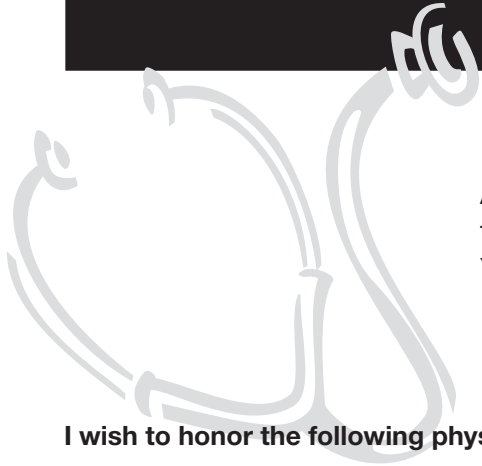


Sutter Health Sacramento Sierra Region



A Doctor's Day certificate, as an acknowledgment of your gift, will be sent to the doctor(s) you designate. The amount of your gift will not be mentioned. Your contribution is tax deductible to the full extent of the law.

I wish to honor the following physician(s) on Doctor's Day:

• Physician first and last name (please print): _____

Physician address: _____

Certificate to physician from (your first and last name): _____

Comments to physician (optional): _____

• Physician first and last name (please print): _____

Physician address: _____

Certificate to physician from (your first and last name): _____

Comments to physician (optional): _____

• Physician first and last name (please print): _____

Physician address: _____

Certificate to physician from (your first and last name): _____

Comments to physician (optional): _____

Please return this form in the enclosed postage paid envelope or mail to:

Sutter Roseville Medical Center Foundation, One Medical Plaza, Roseville, CA 95661

For questions, call Sutter Roseville Medical Center Foundation at 916-781-1234.



Sutter Health
Sacramento Sierra Region

Sutter Health Sacramento Sierra Region

My check is enclosed payable to:

- Sutter Auburn Faith Hospital
- Sutter Davis Hospital
- Sutter Medical Center, Sacramento
- Sutter Roseville Medical Center

Please direct my gift to:

- Area of greatest need
- Cardiac
- Cancer
- Children's Services
- Hospice
- Neuroscience
- Orthopaedics
- Women's Services
- Other _____

Enclosed is my gift of \$ _____

Please bill my: MasterCard VISA Am Ex

Card # _____ Exp. Date _____ Security Code # _____

Signature _____

Your Name _____

Address _____

City _____ State _____ Zip _____

Birth Date _____ Phone # _____

E-mail _____

- Please check here if we may **not** use your written comments for public recognition of our physicians and staff.
Your name will be kept confidential.

The amount of your gift is confidential. One hundred percent of your gift is used for the program specified as designated by the Board of Trustees. All gifts are tax deductible to the full extent of the law. SAFHF Charitable Tax ID #: 94-2594966, SDHF Charitable Tax ID #: 68-0217870, SMCF Charitable Tax ID #: 94-2788906, SRMCF Charitable Tax ID #: 68-0040113.

Return this form in the enclosed postage paid envelope or mail to:

Sutter Roseville Medical Center Foundation, One Medical Plaza, Roseville, CA 95661

For questions, call Sutter Roseville Medical Center Foundation at 916-781-1234.

Information provided to a Sacramento Sierra Region foundation is kept in the strictest of confidence. Please write to the foundation if you wish to have your name removed from future mailings. Upon notification, all reasonable effort will be taken to adhere to your wishes.