

# Make A Donation

## Contact Information

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Item Description

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Suggested Retail Value \$ \_\_\_\_\_

Gift Certificates:  I am mailing the gift certificate  
 Please generate a gift certificate on our behalf

\_\_\_\_\_  
Signature of Donor Representative Date

Donation Pickup Request: My donation item will be ready to be picked up on:

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Time: \_\_\_\_\_

Questions? Contact Lindsey Pullman at Adventist Health Clear Lake 707.995.5757

Adventist Health Clear Lake thanks you very much for your support!

Please email your donation form to [Lindsey.Pullman@ah.org](mailto:Lindsey.Pullman@ah.org) or mail to:  
Development Office, 15630 18<sup>th</sup> Avenue, Clearlake, CA. 95422

