

**Yes,** I would like to make a tax-deductible donation to Robert Wood Johnson University Hospital

Here is my gift of: \$\_\_\_\_\_ Gift Designation: \_\_\_\_\_

☐ Enclosed is my check made payable to: Robert Wood Johnson University Hospital Foundation

☐ Visa ☐ Amex ☐ MasterCard ☐ Discover

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ Sec. Code \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Your Name \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

☐ I would like to make this a monthly gift! Please charge my credit card \$ \_\_\_\_\_ monthly.  
(min. \$10 per month)

Your credit card will be automatically charged at the beginning of each month. A record of each gift will appear on your statement and will serve as your receipt. This agreement will remain in effect until you have given notice to discontinue.

☐ My gift will be matched by: \_\_\_\_\_ ☐ I wish to remain anonymous

\_\_\_\_\_  
(Please include Corporate Matching Gift Form)

☐ Please designate my gift: ☐ In Honor of: ☐ In Memory of:

Name \_\_\_\_\_

Relationship to Honor/Memorial \_\_\_\_\_

Please Notify \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Are you a visionary?

Consider remembering Robert Wood Johnson University Hospital in your estate plans.

☐ Please send me information about including RWJUH in my will/estate plans.

☐ I have already included RWJUH in my estate plans.

*Inquiries are confidential and without obligation.*

**Go green!**

**Give online at**

[rwjbh.org/rwjuhgivenow](http://rwjbh.org/rwjuhgivenow)

**Robert Wood Johnson** | **RWJBarnabas**  
**University Hospital** **HEALTH**

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Robert Wood Johnson University Hospital is deeply grateful for the support of our friends in the community. The Foundation is a 501(c)(3) not-for-profit organization; our Federal Tax ID #22-2378007