

**Yes,** I would like to make a tax-deductible donation to Saint Barnabas Medical Center

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

☐ Enclosed is my check made payable to: Saint Barnabas Medical Center

☐ 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 Saint Barnabas Medical Center in your estate plans.

☐ Please send me information about including Saint Barnabas Medical Center in my will/estate plans.

☐ I have already included Saint Barnabas Medical Center in my estate plans.

*Inquiries are confidential and without obligation.*

**Go green!**  
**Give online at**  
**[rwjbh.org/sbmctgivenow](http://rwjbh.org/sbmctgivenow)**

**Saint Barnabas Medical Center** | **RWJBarnabas HEALTH**

95 Old Short Hills Road, West Orange, NJ 07052 | 973.322.4330

Saint Barnabas Medical Center is deeply grateful for the support of our friends in the community. Saint Barnabas Medical Center is a 501(c)(3) not-for-profit organization; our Federal Tax ID #22-1494440