



Donor information

Donor reply form

Appeal Code: OnlineForm

Preferred title: _____

First name: _____ MI: _____ Last name: _____ Suffix: _____

Street address: _____

City: _____ State: _____ Zip code: _____

E-mail address: _____

Home phone: _____ Work phone: _____

One-time giving method

YES, I will support the Inova Health Foundation with a one-time contribution of:

- \$25 \$50 \$100 \$250 \$500 Other _____

Recurring monthly giving method

YES, I will support the Inova Health Foundation with a recurring monthly contribution of:

- \$5 \$10 \$25 \$50 \$100 Other _____

Company matching

My company will match my gift. Visit Inova.Gives/EmployerMatch and search for your company and complete the online application. Complete and print Donor Form then click on web link - Donor Form will reset when you click on link.

My company is _____

- Current Employee Retired Employee

My company will match \$ _____

Designate your gift

- Inova's **Greatest Needs** Reimagining **Behavioral Health**
- Leading with Compassion in **Cancer Care** Other _____
- Transforming **Heart & Vascular**

Payment information

Check number: _____ Please make check payable to: **Inova Health Foundation**

Please charge my credit card: MasterCard VISA American Express

Cardholder name: _____

Cardholder telephone number: _____

Card number: _____

Expiration date: _____ (MM-YYYY)

Cardholder signature: _____ Card security code: _____

Tribute gifts

I would like to dedicate my gift in honor of: _____

I would like to dedicate my gift in memory of: _____

Please send notification of my gift to:

Name: _____

Address: _____

Email: _____

City: _____ State: _____ Zip code: _____

How would you like to be referred to in the notification letter?:

Planned Giving Program

YES! Please send me information on how I can include Inova Health Foundation in my will or trust.

I have already made plans to include Inova Health Foundation in my will or trust.

**Print then mail completed form
along with your contribution to:**

**Inova Health Foundation
ATTN: Gift Administration**

8095 Innovation Park Drive
Fairfax, VA 22031
Phone: 703.289.2072
Fax: 571.472.0425
foundation@inova.org

The Inova Health Foundation is a public charity under 501(c)(3) of the Internal Revenue Code. Contributions are deductible to the extent permitted by law. **
Inova Health Foundation does not rent, sell or exchange donor information.

Donor name: _____