



*Novato Community
Hospital*

A Sutter Health Affiliate

With You. For Life.

22nd Annual NCH Golf Tournament

*Indian Valley Golf Course, Novato
July 15, 2009*

DONATION FORM

Recognition Name: _____
(Please print as you would like to be acknowledged).

Contact Name: _____

Address: _____
(Street) (City) (State) (Zip code)

Contact Info: _____
(Day phone) (Fax) (E-mail address)

Item (please describe): _____

Signature of Donor: _____ **Value of Item: \$** _____
(Fair market value of donation)

Solicitor: _____ **Date:** _____

Verbal pledges cannot be accepted. Written confirmation and description of donation is required. We must have all the information on this form in order to register your donation.

The net proceeds will be used toward the purchase of a new innovation, *Smart Pumps*, which ensure patient safety at Novato Community Hospital by reducing infused medication errors.

Novato Community Hospital Tax ID #51-0206463.

Thank you very much for your donation.

RETURN COMPLETED FORM TO:

Sutter Marin Development Office
4000 Civic Center Drive, Suite #150
San Rafael, CA 94903
Phone: (415) 492-4730
Fax: (415) 492-4731