



As a measure of my commitment to CHI Memorial, it is my intent to contribute

\$500 \$1,000 \$2,500 \$5,000 \$ _____

My gift is enclosed

I will pay by credit card utilizing www.memorial.org/foundation

Please send me a pledge reminder

I am a CHI Memorial employed physician and would like to contribute by payroll deduction.
Please deduct \$ _____ per pay period for a total of \$ _____.

I am interested in receiving information about planned giving
through my will, trust or estate.

NAME (AS YOU WISH TO BE RECOGNIZED) _____

ADDRESS _____

PHONE _____

Email _____

SIGNATURE _____ DATE _____

CHI Memorial Foundation accepts gifts of cash, credit cards, stock and payroll deduction

Return by Mail: 2525 de Sales Avenue
Chattanooga, TN 37404

Return by Fax: (423) 495-6235

Return by Email: Jennifer_nicely@memorial.org

To make a credit card contribution online:

memorial.org/foundation

Questions: (423) 495-4141