



**Sibley Memorial
Hospital Foundation**

Please Print

Check One: Mr. Mrs. Ms. Mr. & Mrs.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (optional): _____

E-mail (optional): _____

My/our gift is at the following level:

- Friend: Up to \$99
- Partner: \$100 to \$499
- Supporter: \$500 to \$999
- Sibley Society Member: \$1,000 and up
- Lucy Webb Hayes Founders Circle for those who have included Sibley in their estate plans.

Enclosed is my/our gift in the amount of \$ _____

Card Type: American Express MasterCard Visa

Card Number: _____ Expiration Date (MM/YY): _____

Your Signature: _____ Date: _____

If this is an Honor or Memorial Gift please complete the following:

Memorial Gift

Name of deceased: _____

Name and address of person you wish acknowledged for your memorial gift (spouse of deceased or other family member):

Name: _____

Address: _____

Honor Gift

Name of honoree: _____

Address of honoree: _____

Please send me information about gifts by will and other ways to give

HOW TO MAKE A GIFT

If you are considering a donation, you may print and fill out this form and mail or fax it to:

**Sibley Memorial Hospital Foundation
5255 Loughboro Road, NW
Washington, DC 20016**

Fax: (202) 364-8405

**Please Make Checks Payable To:
Sibley Memorial Hospital Foundation**

To speak to someone directly about your contribution, please call (202) 537-4257 Monday through Friday, 8am – 5pm. You will receive written acknowledgement of your gift.

Thank you for your support!