



Scholarship Donation Form

I would like to donate \$ _____ to the Silver Cross Foundation to create a scholarship at Silver Cross Hospital.

of Scholarships: _____

Amount of Each Scholarship: _____

This scholarship will be awarded *annually* to:

- Employees of Silver Cross Hospital and its affiliates for continuing education
- Children of Silver Cross Hospital and its affiliates pursuing a career in healthcare

My donation is in memory/honor of _____ and will be called _____.

Eligibility Criteria

Method of Payment

- Check enclosed IRA Charitable Distribution Donor-Advised Fund Stock/Annuities
- Electronic Funds Transfer Credit/Debit Card: *(Circle one)* Visa MasterCard Discover American Express

Name on Card: _____

Card#: _____ Exp Date: _____ CVV Code: _____

Please send a receipt/acknowledgement to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Donor Signature: _____ Date: _____

Silver Cross Foundation Signature: _____ Date: _____

Please return the completed form to the Silver Cross Foundation, 1900 Silver Cross Blvd., New Lenox, IL 60451
Attn: Rachael Kemnic: rkemnic@silvercross.org • (815) 300-7105 • Fax: (815) 300-4961