



# CRAIG HOSPITAL

A Century of Rebuilding Lives  
1907 - 2007

100<sup>th</sup> ANNIVERSARY

CARING EXCLUSIVELY FOR PATIENTS WITH SPINAL CORD INJURIES AND BRAIN INJURIES.

www.craighospital.org

I want to make a gift to Craig Hospital.

## Donor Information

Mr.     Mrs.     Ms.     Miss     Dr.     Other: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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## Gift Information

I wish to make a gift of \$\_\_\_\_\_ [ ] Check Enclosed [ ] Credit Card (see below)

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[ ] Visa    [ ] Master Card    [ ] American Express    [ ] Other: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### Please direct my gift to:

- Where it is most needed
- A specific fund: \_\_\_\_\_

### My gift is a Tribute:

- In Memory of: \_\_\_\_\_
- In Honor of: \_\_\_\_\_

### Please send notice of my tribute gift to:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Please send me information on including Craig Hospital in my estate plans

**Print and send this form to:** Craig Hospital Foundation – 3425 S. Clarkson – Englewood, CO 80113  
or fax to 303-789-8940

**Questions?** Call 303-789-8650 or e-mail nharbin@craighospital.org