

GIFT AMOUNT

I would like to make a gift to the Healthcare Quality Foundation at the following level:

- | | |
|---|---|
| <input type="checkbox"/> Platinum \$500 and above | <input type="checkbox"/> Silver \$100–\$199 |
| <input type="checkbox"/> Gold \$200–\$499 | <input type="checkbox"/> Bronze \$26–\$99 |

Total Gift Amount: \$ _____

CONTACT INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

E-mail* _____ Phone* _____

**Please provide this information in case we have a question about your gift.*

TO MAIL YOUR DONATION

Mail your check with this form to

Healthcare Quality Foundation
8600 W. Bryn Mawr Avenue
Suite 710 N
Chicago IL, 60631

- Check enclosed

A check not in U.S. funds will be returned.

A charge of \$20 will apply to checks returned for insufficient funds.

Thank you for making a donation to the Healthcare Quality Foundation.

Donations to the Healthcare Quality Foundation are tax deductible as permitted by law.

TRIBUTE

This gift is a donation from _____

in honor of _____

in memory of _____