



MedStar Health

Commitment Form

Yes, I would like to support MedStar Health with a philanthropic investment.

BACKGROUND INFORMATION

Name: Dr. Mr. Ms. Mrs. _____

Company Name and Position (if on behalf of company): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone(s): Cell Home Office _____

Cell Home Office _____

Email Address: _____

COMMITMENT INFORMATION

Choose Payment Type and Amount

Check made payable to MedStar Health, Inc.: \$ _____

Credit Card charged in the amount of: \$ _____

Credit Card Type: Amex Discover MasterCard VISA

Name on Card: _____

Card Number: _____ Exp. Date: _____

DESIGNATE YOUR GIFT

Choose one or more entities below (if choosing multiple entities, your gift will be split evenly, unless otherwise noted):

- MedStar Health**
- MedStar Ambulatory Services
- MedStar Graduate Medical Education
- MedStar Health Institute for Quality and Safety
- MedStar Health Research Institute
- MedStar Institute for Innovation
- MedStar SiTEL
- MedStar Sports Medicine
- MedStar Visiting Nurse Association
- Other: _____

- MedStar Franklin Square Medical Center
- MedStar Georgetown University Hospital
- MedStar Good Samaritan Hospital
- MedStar Harbor Hospital
- MedStar Montgomery Medical Center
- MedStar National Rehabilitation Network
- MedStar Southern Maryland Hospital
- MedStar St. Mary's Hospital
- MedStar Union Memorial Hospital
- MedStar Washington Hospital Center

Matching Gifts (my company will match my gift)

Company Name: _____

ACKNOWLEDGEMENT INFORMATION

I would like to make this gift: In Honor of In Memory of

Tribute Name(s): _____

Please print how you would like your name to appear on the donor wall and annual report:

I wish to remain anonymous.

Signature: _____ Date: _____

Once form is completed, please mail to: MedStar Health | Office of Philanthropy | 10980 Grantchester Way, 7th Floor | Columbia, MD 21044