

Yes, I want to ensure that the healing mission of Terry Reilly Health Services continues!

Prefix (Mr., Ms., Mrs., Dr., Rev., None) _____ Date: _____
First Name _____ MI _____ Last Name _____ Suffix (Sr., Jr., MD, etc.) _____
Organization (if applicable) _____
Mailing Address _____
City _____ State _____ Zip _____

Please provide at least one phone number in case we need to contact you
Home phone: (____) ____ - _____ Work phone: (____) ____ - _____ Ext. ____
Cell phone: (____) ____ - _____ **E-mail address:** _____

Enclosed is my donation of \$ _____

Please make your check out to Terry Reilly Health Services.

Please use my gift to benefit the following: _____ TRHS Zero Pay Fund
_____ TRHS Greatest Need
_____ TRHS SANE SOLUTIONS
_____ TRHS Endowment

_____ Please keep my gift anonymous.

Special Occasion or Memorial Gifts

This gift is to honor _____
__ Holiday gift __ Birthday __ Mother's Day __ Father's Day __ Anniversary __ Other

This gift is in memory of _____

Please send gift acknowledgement to
Mr/Mrs/Ms First Name _____ MI _____ Last Name _____
Mailing Address _____
City _____ State _____ Zip _____

Legacy Gifts

Have you considered leaving a legacy by making a bequest or other planned gift to Terry Reilly Health Services ?

_____ I have included Terry Reilly Health Services in my will or bequest.
_____ Please send me information about how to make a planned gift to ensure that the healing work of Terry Reilly Health Services continues.

Matching Gifts

Matching gifts can greatly increase the value of your gift.

_____ My employer will match my gift. My company's matching gift form is enclosed.

Mail this form and your donation to: **Terry Reilly Health Services, PO Box 9, Nampa, ID 83653-0003**