



**Print and send this form to:**

Fax: 831.636.2654

Mail: 911 Sunset Drive  
Hollister, CA 95023

**Please accept my gift to Hazel Hawkins Hospitals Foundation in the amount of:**

\$25       \$50       \$100       \$250       \$500       \$1000       Other \$ \_\_\_\_\_

**Please direct my gift to:**

- New Emergency Department Fund
- General Fund (to be used where the need is greatest)
- Hazel Hawkins Skilled Nursing Facilities:  William and Inez Mabie – Southside  Mabie-Northside
- San Benito Home Health Care Fund
- Hazel Hawkins Community Clinics:  930 Sunset Dr.  321 First St.  991 San Juan Rd.  San Juan Bautista
- Scholarship Fund (for high school and college students studying for a career in the medical field)
- Hazel Hawkins Ambulatory Surgery Center
- Palliative Care Program (end-of-life service for in-patients)

Name: _____		Phone: _____	
Address: _____			
City: _____		State: _____	Zip Code: _____
E-mail: _____			

**METHOD OF PAYMENT**

Check made out to Hazel Hawkins Hospitals Foundation  VISA  MasterCard  Discover

Name on card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Card #: \_\_\_\_\_ Amount: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

(credit card only)

**MEMORIALS AND HONORARIUMS**

My gift is  in memory of  in honor of \_\_\_\_\_

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

Please notify: Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**THANK YOU FOR YOUR GIFT!**  
[WWW.HAZELHAWKINS.COM/FOUNDATION](http://WWW.HAZELHAWKINS.COM/FOUNDATION)