

# DELICIOUS 2022 DESIGNS



## CGH HEALTH FOUNDATION DELICIOUS DESIGNS ~ WISH LIST SPONSORSHIP FORM

Please Check		Number of items	Subtotal
<input type="checkbox"/>	Meal for patient undergoing chemotherapy session	@ \$5 X _____	= _____
<input type="checkbox"/>	Scarves, sleep caps and turbans for cancer patients	@ \$25 X _____	= _____
<input type="checkbox"/>	Gas card for breast cancer patients	@ \$25 X _____	= _____
<input type="checkbox"/>	Mammography cape worn by patients	@ \$30 X _____	= _____
<input type="checkbox"/>	Camisoles for breast cancer patients	@ \$35 X _____	= _____
<input type="checkbox"/>	Breast Cancer Survivor/Treatment Handbooks and education	@ \$50 X _____	= _____
<input type="checkbox"/>	Pamper bags given to breast cancer patients	@ \$50 X _____	= _____
<input type="checkbox"/>	Screening Mammogram	@ \$100 X _____	= _____
<input type="checkbox"/>	Dementia education books to give out	@ \$10 X _____	= _____
<input type="checkbox"/>	Caregiver support groups & education programs	@ \$100 X _____	= _____
<input type="checkbox"/>	Musical therapy instruments for memory care centers	@ \$250 X _____	= _____
<input type="checkbox"/>	Assistance for extra costs for dementia patient care	@ \$500 X _____	= _____
<input type="checkbox"/>	CGH Dementia Navigator position sponsorship	@ \$1,000 X _____	= _____
<input type="checkbox"/>	Virtual ticket in behalf of area dementia/cancer patients	@ \$30 X _____	= _____
	<i>In memory of/in honor of:</i> _____		
<input type="checkbox"/>	Virtual table (8 tickets) in behalf of dementia/cancer patients	@ \$240 X _____	= _____
	<i>In memory of/in honor of:</i> _____		
<input type="checkbox"/>	Dessert purchase in behalf of dementia/cancer patients	@ \$300 X _____	= _____
	<i>In memory of/in honor of:</i> _____		

**Total Amount Due: \$** \_\_\_\_\_

***(Please see opposite side for payment options)***

# Payment Methods

## Pay by Check:

Please total the items you have selected and enclose a check payable to the CGH Health Foundation

## Pay by Credit/Debit Card:

Please fill out your credit/debit card info below and we will charge your card when we receive this form

## Pay Online

- Fill out the online form at [www.cghmc.com/wishlist](http://www.cghmc.com/wishlist) & pay online using your Credit/Debit Card
- Pay via Venmo: @CGH-HealthFoundation

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Credit/Debit Card Info

Please Charge my Credit/Debit Card: \$ \_\_\_\_\_

\_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover

Name as printed on card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CSV Code: \_\_\_\_\_

**Please return this entire sheet with your donation**

**The CGH Health Foundation is a charitable 501(c)3 nonprofit.  
Gifts are tax deductible as provided by law.**

**Contact Joan Hermes, Executive Director, at (815) 625-0400, ext. 5672  
or [joan.hermes@cghmc.com](mailto:joan.hermes@cghmc.com) if you have questions or for more information.**

