

DELICIOUS DESIGNS • WISH LIST SPONSORSHIP FORM

PLEASE RETURN THIS ENTIRE SHEET

Please Check		Number of items	Subtotal
<input type="checkbox"/>	Meal for patient undergoing chemotherapy session	@ \$5 X	<input type="text"/> = <input type="text"/>
<input type="checkbox"/>	Information binder given to breast cancer patients	@ \$10 X	<input type="text"/> = <input type="text"/>
<input type="checkbox"/>	Scarves and sleep caps for cancer patients	@ \$20 X	<input type="text"/> = <input type="text"/>
<input type="checkbox"/>	Gas card for breast cancer patients	@ \$25 X	<input type="text"/> = <input type="text"/>
<input type="checkbox"/>	Turbans for cancer patients	@ \$25 X	<input type="text"/> = <input type="text"/>
<input type="checkbox"/>	Mammography cape worn by patients	@ \$30 X	<input type="text"/> = <input type="text"/>
<input type="checkbox"/>	Breast Cancer Survivor Handbook given to patients	@ \$30 X	<input type="text"/> = <input type="text"/>
<input type="checkbox"/>	Breast Cancer Treatment Handbook given to patients	@ \$30 X	<input type="text"/> = <input type="text"/>
<input type="checkbox"/>	Camisoles for breast cancer patients	@ \$35 X	<input type="text"/> = <input type="text"/>
<input type="checkbox"/>	Pamper bags given to breast cancer patients	@ \$50 X	<input type="text"/> = <input type="text"/>
<input type="checkbox"/>	CGH Ways to Wellness Session for OB Moms	@ \$50 X	<input type="text"/> = <input type="text"/>
<input type="checkbox"/>	Screening mammogram	@ \$100 X	<input type="text"/> = <input type="text"/>

Yes, I would like to sponsor a \$240 virtual table \$

Yes, I would like to sponsor a \$300 dessert \$

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 & 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: _____ Code: _____

***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 if you have questions or for more information.

