

*Yes! I want to contribute towards the creation of a **Mammography Suite** at O'Connor Hospital.*

Name _____
Address _____ City _____ ST _____ Zip _____
Phone Number _____ Email _____

Please accept my one-time gift of \$ _____ (Checks should be payable to *O'Connor Hospital Foundation*)

Please charge my one-time gift of \$ _____ to VISA MasterCard American Express

Name on card: _____

Account number: _____ Exp. Date: _____

Signature: _____

I would like to Pledge \$ _____ to be paid over two years (ending March 2012) as follows:

Monthly Quarterly Semi-Annually Annually

My initial amount enclosed is \$ _____

Signature _____

*Thank you.
Your gift will
make a life-saving
difference!*

*Please mail your gift to
O'Connor Hospital Foundation
2105 Forest Avenue
San Jose, CA 95128*