



Scholarship Donation Form

I would like to donate _____ to the Silver Cross Foundation to create a scholarship at Silver Cross Hospital.

of Scholarships: _____ Amount of Each Scholarship: _____

This scholarship will be awarded *annually* to:

[] Employees of Silver Cross Hospital and its affiliates for continuing education

[] Children of employees of Silver Cross Hospital and its affiliates, who are pursuing a career in healthcare

The Scholarship supported by this donation is to be named: _____

Eligibility Criteria:

Method of Payment

- Check enclosed IRA Charitable Distribution Donor-Advised Fund Stock/Annuities
- Electronic Funds Transfer Credit/Debit Card: *(Circle one)* Visa MasterCard Discover American Express

Name on Card: _____

Card#: _____ Exp Date: _____ CVV Code: _____

Please send a receipt/acknowledgement to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Mobile Phone: _____

Email: _____

Donor Signature: _____ Date: _____

Silver Cross Foundation Signature: _____ Date: _____

Please return the completed form to the Silver Cross Foundation, 1900 Silver Cross Blvd., New Lenox, IL 60451
Attn: Kelly Baltas, kbaltas@silvercross.org • (815) 300-7105 • Fax: (815) 300-4961