



THE WOMAN'S BOARD
RUSH UNIVERSITY MEDICAL CENTER

The Woman's Board Donation Form

Dear Donor,

Please use this form to instruct the Woman's Board on how to designate your gift(s).

Tribute Tree Gift	\$ _____	_____
		Name of Honoree
		or _____
		In Memory of
Fall Benefit Contribution	\$ _____	
Spring Luncheon Contribution	\$ _____	
Board Member Gift	\$ _____	
Chapel & Flower Gift	\$ _____	_____
		Name of Honoree
General Donation	\$ _____	
Total Contribution	\$ _____	

Thank you for your generosity.

Please mail receipt to:

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Please make checks payable to The Woman's Board of R.U.M.C. and mail to:

The Woman's Board of R.U.M.C.
1725 W. Harrison Street, Suite 545
Chicago, IL 60612

We accept Visa / Mastercard / Discover:

Credit Card Number _____ Expiration Date _____

Credit card donations can also be made by phone by calling (312) 942-6513.