



**Gift Form**  
**"In Memory of" — "In Honor of"**

This gift is in Memory of: \_\_\_\_\_

or

This gift is in Honor of: \_\_\_\_\_

Occasion (if applicable): \_\_\_\_\_

Person or persons to be notified of this Memorial/Honorary donation

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Gift Amount: \$** \_\_\_\_\_

- Check enclosed (Make check payable to St. Luke's Humphreys Diabetes Center)
- Please charge my Visa\_\_ Mastercard\_\_ Discover\_\_ AmerX\_\_ Diners\_\_ JCB\_\_

Account #: \_\_\_\_\_ Exp Date \_\_\_\_\_

Signature \_\_\_\_\_

Your Name/s (Please Print): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please e-mail this form to [driflota@slhs.org](mailto:driflota@slhs.org), fax to 208-381-4673, or mail to  
St. Luke's Health Foundation, 190 E Bannock, Boise, ID 83712**

Gifts to St. Luke's Humphreys Diabetes Center are tax-deductible.  
Thank you for your thoughtfulness.