



**Give Now – Your Gift Will Help Cooper Continue To Provide World-Class Care**

Please print or type your tax-deductible gift information. Mail or fax the completed form to The Cooper Foundation.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Donation Information:**

Gift Amount: \$ \_\_\_\_\_  
Fund Designation:  The Cooper Foundation  Other: \_\_\_\_\_

**Gifts to Honor or Remember (Optional)**

Type of Gift:  In Honor of  In Memory of  On the Occasion of  
Tribute Name: \_\_\_\_\_  
 Please mail a tribute card on my behalf to:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

**Payment Information:**

Enclosed is my check (Make payable to *The Cooper Foundation*)  
 Credit Card  
Card Type:  Visa  MasterCard  American Express  Discover  
Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_  
Card #: \_\_\_\_\_  
Expiration: \_\_\_\_\_ Security Code: \_\_\_\_\_  
 Please accept my donation as a payroll deduction (*Cooper employees only*).  
Signature: \_\_\_\_\_

**Additional Information:**

**Corporate:**  This donation is on behalf of a company  
**Anonymous:**  I prefer to make this donation anonymously

**Matching Gifts:**

My company will match my gift Company Name: \_\_\_\_\_

Please send this completed donation form with your check or credit card information to:

**The Cooper Foundation**  
Sheridan Pavilion  
Three Cooper Plaza, Ste. 500  
Camden, NJ 08103  
Or Fax: 856.342.2109