



*Yes, I would like to support Cooper University Health Care's mission to serve, to heal, to educate!*

Gift Amount:  \$100  \$50  \$25  Other \$\_\_\_\_\_

Please designate my gift to the following area:

- The Cooper Foundation *(Area of Greatest Need)*
- COVID-19 Assistance Fund
- MD Anderson Cancer Center at Cooper
- Children's Regional Hospital at Cooper
- Patient in Need Fund

Enclosed is my check made payable to *The Cooper Foundation*.

Donor's Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Please charge my donation:  VISA  MasterCard  American Express  Discover

Name as it appears on card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Sec. Code: \_\_\_\_\_

To make a gift online visit our website at [foundation.cooperhealth.org/Give-Now](http://foundation.cooperhealth.org/Give-Now)

Matching Gift Form:  Enclosed  Will arrive later

***Please designate my donation as an honor or memorial gift (optional):***

In Honor of \_\_\_\_\_

On The Occasion of \_\_\_\_\_

In Loving Memory of \_\_\_\_\_

Notify this person of my honor or memorial gift (Name and Address):

\_\_\_\_\_  
\_\_\_\_\_

**Thank you for your generous support!**

*Please contact us at: 856-342-2222 or [cooper-foundation@cooperhealth.edu](mailto:cooper-foundation@cooperhealth.edu) if you have any questions.*