



A R I Z O N A
LEGACY
C I R C L E

NAME

ADDRESS

CITY, STATE

ZIP

EMAIL

PHONE NUMBER

Select Your Gift Amount

Gift of \$1,000

Gift of \$5,000

Gift of \$2,500

Have someone contact me
about a larger leadership gift

Gifts of \$1,000 and above qualify for Arizona Legacy Circle Membership

Payment Details

Check Cash Visa

Mastercard Discover AmEx

CARD NUMBER

CCV

EXPIRATION DATE

SIGNATURE

Thank you

 **Valleywise**
Health Foundation

