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## Special Occasion/Memorial

Take time to remember a relative or friend today with a special occasion or memorial gift. Your gift will be acknowledged to the person or family you designate.

Special Occasion (Birthday, Anniversary, Congratulations): \_\_\_\_\_

In Memory Of \_\_\_\_\_

In Honor Of \_\_\_\_\_

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

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Help The Health Library continue its mission of providing free health information and education to the public. **Enclosed is my tax-deductible contribution of \$**\_\_\_\_\_

Payment Method:  Check enclosed  Visa  MasterCard  American Express

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

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**Please make check payable to Stanford University/The Health Library.**  
If your employer has a matching gift program, please enclose completed form with your gift.

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