

DONATION FORM

*Please mail form to The Foundation of FirstHealth, 150 Applecross Road, Pinehurst, NC 28374.
If your employer will match your gift, please enclose the necessary forms.*

Enclosed is my gift of:

\$50 \$100 \$150 Other: \$_____

Payment method:

My check payable to The Foundation of FirstHealth is enclosed with this form.

Please charge my Visa, Mastercard, Discover or American Express card:

Cardholder name: _____

Billing address: _____

Card number: _____ Exp. date: ____/____ 3 digit code: _____

Please designate my gift for the following area:

- | | |
|---|--|
| <input type="checkbox"/> Where the need is greatest | <input type="checkbox"/> Heart CARE Fund |
| <input type="checkbox"/> Cancer CARE Fund | <input type="checkbox"/> Hospice and Palliative Care |
| <input type="checkbox"/> Clara McLean House | <input type="checkbox"/> Nursing Enrichment |
| <input type="checkbox"/> FirstHealth Montgomery Foundation | <input type="checkbox"/> Physician Leadership |
| <input type="checkbox"/> FirstHealth Richmond Memorial Hospital
Foundation | <input type="checkbox"/> Other: _____ |

If this is a tribute or memorial gift, please include name of the individual to be remembered or honored:

In memory of: _____

In honor of: _____

A letter of notification for the tribute or memorial gift should be sent to:
(Amount of gift is not included in letter)

Name: _____

Address: _____

I would like information about including The Foundation of FirstHealth in my will or estate planning.

Thank you for your generous support.