

PLEASE COMPLETE THE FOLLOWING FORM, PRINT, AND MAIL WITH YOUR ENCLOSED PAYMENT INFORMATION.

Yes, I/We want to support healthcare in our community.

Mr. Mrs. Ms. Dr. Miss

Your Name _____

(as you would like it to appear in recognition listings)

Address _____

City/St/Zip _____

Phone _____ Email _____

In Memory or In Honor of

In memory of _____

(Please print.)

In honor of _____

(Please print.)

Please notify with an acknowledgment letter to:

Name _____

Address _____

City/St/Zip _____

(Acknowledgment letters include your name, but not the gift amount.)

Please accept my gift in the amount of:

\$25

\$500

\$50

\$1,000

\$100

Other _____

Payment Options:

Cash/Check

Visa

Mastercard

Discover

Name as it appears on card _____

Acct# _____

CVV _____ Exp Date _____

Signature _____

Please designate my gift for the following:

Senior Services

Continuing Education

Children's Outreach

Greatest Need (unrestricted)

Rehabilitation & Therapy

Other _____

Emergency Room

Please make checks payable to Gibson General Health Foundation. All contributions are tax deductible to the extent permitted by law. Gibson General Health Foundation, Inc. is a 501 (C) 3 organization, and is located at 1808 Sherman Drive, Princeton, IN 47670, 812.385.9268