



MEMORIAL HOSPITAL

FOUNDATION

BUILDING ON A HERITAGE OF HEALING

Donations and Pledges Via Fax & Telephone

PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE:

I authorize MEMORIAL HOSPITAL AND HEALTH CARE CENTER to charge \$ _____ . _____

_____ & _____

to my: _____ Visa _____ Mastercard _____ Discover

Card Number: _____

Card Expiration Date: _____ / _____

Cardholder Name (as printed on the card): _____

Send Acknowledgement to: _____

Fax to: _____
812-481-8531 _____

Donor: _____ Address: _____ _____ _____		FOR FOUNDATION USE ONLY Foundation Staff Taking Information: _____ Date Taken: _____
Phone Number: _____	Email: _____	
Purpose For Contribution:		
In Memory of: _____	Golf: _____	
In Honor of: _____	Gala: _____	
Jamaica: _____	Other: _____	