



## Gift Form

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**ENCLOSED IS MY GIFT OF \$** \_\_\_\_\_

Please charge this gift to my:    Visa    MasterCard    Discover  
*(please circle)*

Print name as it appears on card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature: \_\_\_\_\_

*Please make checks payable to Graham Hospital Foundation.*

**This is a Tribute Donation made In Honor of:**

Honoree: \_\_\_\_\_

Please notify:

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

Address: \_\_\_\_\_

*(A card will be sent to the person/family you designate. The amount of the gift will not be disclosed.)*

**MATCHING GIFT**

If your employer matches employee donations, please list your employer's company name here.

*The Graham Hospital Foundation does not sell, trade, rent, or share your information.*