



DONOR INFORMATION FORM

DONOR NAME(S)

| | | |
|------|-------|----------------|
| | | |
| Last | First | Middle Initial |
| | | |
| Last | First | Middle Initial |

- I/We wish to remain anonymous in all Hospital Trust publications.
- I/We wish to remain anonymous on the Hospital Trust Donor Wall.

CONTACT INFORMATION

| | | | |
|----------------|------|-------|-----|
| | | | |
| Street Address | City | State | Zip |

| | |
|-----------------|------------------|
| | |
| Preferred Phone | Preferred E-mail |

- I'm interested in sharing my donor story in Hospital Trust publications.
- I want to receive additional information about Trust giving opportunities.

GIFT OPTIONS

- Enclosed is my/our gift of \$ _____.
- I/We prefer to make a pledge of \$ _____ to be paid in _____ installments of \$ _____ each.
- I/We commit to a Sustaining Donor gift of \$ _____ on a recurring basis _____ annually _____ quarterly _____ monthly.
My gift will be made on the following date(s) _____.
(day of month, quarter or year)

PAYMENT INFORMATION

My gift will be paid with: Check Stock Credit Card (Visa, MC, Amex, Discover)

Card number _____ Expiration Date _____

Authorization Signature _____

GIFT DESIGNATION

- Please use my gift where it is needed most (unrestricted gift).
 - Please direct my gift to the following fund(s) and /or purpose(s): _____
- My gift is: in honor of in memory of in appreciation of care for
- _____

Please send acknowledgement to (amount will not be disclosed): Name _____

Address _____

Please contact me about additional options for this and future contributions.

- Qualifying for donor recognition levels (i.e.; Visionary, Philanthropist and McCullough Societies, and Hyde Level)
- Including McCullough-Hyde in my will or insurance policy
- Charitable gift annuities, (earning interest from my contribution)
- Other _____

Please make all checks payable and mail completed form to:
McCullough-Hyde Memorial Hospital Trust 110 North Poplar, Oxford, OH 45056 mbennett@mhmh.org