

# Lenoir Hospital Foundation

## Donation Form

Please print and complete form for mailing checks and contributing by credit card. A receipt and acknowledgment of the contribution will be mailed to the donor.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

I would like to support the **Lenoir Hospital Foundation** with a gift of:

\$1000     \$500     \$250     \$100     Other \_\_\_\_\_

Please charge my:  Visa     MasterCard     American Express     Other \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration date \_\_\_\_\_

Security Code \_\_\_\_\_

Please list this gift from: \_\_\_\_\_

I would like to remain anonymous.

**This gift is**  in memory of     in honor of

Name \_\_\_\_\_ Occasion \_\_\_\_\_

Relationship of donor to above: \_\_\_\_\_

Please notify \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

I have included the Lenoir Hospital Foundation in my will or estate.

Please send me information about including the Lenoir Hospital Foundation in my will.

This gift will be matched by my or my spouse's employer or company.

Name of employer or company: \_\_\_\_\_

**Make checks payable to Lenoir Hospital Foundation. Mail completed form with checks or credit card information to:**

Lenoir Hospital Foundation

100 Airport Road

Kinston, NC 28501

All contributions are tax deductible to the fullest extent of the law.