



Please print and complete this form to send with your donation.

Donor Information

Preferred Title (circle one): Dr. Mr. Mrs. Ms. Miss. Other _____

First Name: _____

Last Name: _____

If your donation is a business or corporate gift, please complete this section. If not, skip to Address:

Company Information

Company Name: _____

Company Contact: _____

Title: _____

Address

Address 1: _____

Address 2: _____

City: _____

State: _____ Zip Code: _____ Country: _____

E-mail Address: _____

Phone: _____ - _____ - _____

Recognition Preference

Please list my (our) name in donor recognition materials as:

Gift Information

I would like to make a gift in the amount of \$ _____

I would like my gift to benefit (check one): The hospital's most pressing needs

Other _____

Method of Payment

I have enclosed a check in the amount of \$ _____
Please make check payable to **TMH Foundation**

Visa MasterCard American Express

Card Number _____ Exp. Date _____

Name on Card _____

Signature _____

Honor/Memorial Giving

Select one:

I would like to dedicate my gift in **memory** of _____

I would like to dedicate my gift in **honor** of _____

Please send notification of my gift to:

Preferred Title (circle one): Dr. Mr. Mrs. Ms. Miss. Other _____

First Name: _____

Last Name: _____

Address 1: _____

Address 2: _____

City: _____

State: _____ Zip Code: _____ Country: _____

Please mail completed form along with your gift to:

TMH Foundation
1331 East 6th Avenue
Tallahassee, Fl 32303

Or fax to: 850-431-4483

For more information or if you have any questions, please contact:

Tallahassee Memorial HealthCare Foundation at
850-431-5389