

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.