



## MEDICAL FOUNDATION

*A community of caring...the tradition continues.*

303 Ambulance Drive Carrollton, GA 30117 | 770.836.9871 | 770.836.9877 fax

Title:  Mr. and Mrs.  Mr.  Mrs.  Ms.  Dr. and Mrs.  Dr.

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

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

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (day): \_\_\_\_\_ (evening): \_\_\_\_\_

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

### Donation Information:

\$25  \$50  \$100  \$250  \$500  \$1,000  Other: \_\_\_\_\_

### Gift Designation:

- Cancer Care Fund  Tanner Medical Center/Carrollton Capital Improvement
- Heart Center Fund  Tanner Medical Center/Villa Rica Capital Improvement
- Indigent Care Fund  Higgins General Hospital Capital Improvement Fund
- Hospice Care Fund

### This gift is:

In Memory of: \_\_\_\_\_

### Special Occasion Gift:

In Honor of: \_\_\_\_\_

### Occasion:

Birthday  Engagement  Wedding  Anniversary  Recovery from illness

Other: \_\_\_\_\_

### Please notify the following person(s) of my gift:

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

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

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Payment Method:

- Business Check  Personal Check *Please make check payable to: Tanner Medical Foundation*
- Credit Card *(a \$50 minimum applies to credit card transactions)*

Credit Card Type:  Visa  MasterCard  American Express

Card #: \_\_\_\_\_

Expiration Date (mm/yy): \_\_\_\_\_ 3-Digit Security Code: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Please fax the completed form to **770.836.9877**, or mail with check to:

**Tanner Medical Foundation**

**P.O. Box 695, Carrollton, GA 30112**

Thank you. Your gift *will* make a difference