

McLeod Health
Foundation
The Choice for Medical Excellence.

Name: _____

Company: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Describe your promotional program and how the Medical Center's name will be used: _____

Project Start Date: _____ End Date: _____

Estimated Income: _____ Estimated Expenses: _____

Estimated Amount of Proceeds: _____

McLeod Health Foundation
PO Box 100551
Florence, SC 29501
Phones: (843) 777-2694 Fax: (843) 777-5174