

# McLeod Health

## Foundation

### Donation Form

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

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

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

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

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

Telephone Number: \_\_\_\_\_

Card Type: \_\_\_\_\_

Card Number: \_\_\_\_\_

Card Verification Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Amount to Donate: \_\_\_\_\_

Select Your Giving Choice: \* \_\_\_\_\_

My Gift is in Memory/Honor of: \_\_\_\_\_

Please Notify: \_\_\_\_\_

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

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

*\*Areas of Support*

McLeod Hospice Services

McLeod Heart and Vascular Institute

McLeod Children's Hospital

McLeod Diabetes Services

The Guest House at McLeod

Other

McLeod Cancer Center for Treatment and Research

Mail for fax to:

McLeod Health Foundation

Post Office Box 100551

Florence, SC 29502-0551

Phone: 843-777-2694

Fax: 843-777-5174