



# Check Donation Form

## *Donor's Information*

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## *Donation Information*

I would like to designate my gift to Carroll Hospital to the following area(s):

- |  |  |
|--|--|
| <input type="checkbox"/> Wherever the need is greatest | <input type="checkbox"/> Surgical Services                         |
| <input type="checkbox"/> Cardiovascular & Stroke       | <input type="checkbox"/> Tevis Center for Wellness                 |
| <input type="checkbox"/> Center for Breast Health      | <input type="checkbox"/> William E. Kahlert Regional Cancer Center |
| <input type="checkbox"/> Education and Training        | <input type="checkbox"/> Other, please specify: _____              |
| <input type="checkbox"/> Patient Assistance Fund       |  |

## *Gift Information*

Are you a current donor?  Yes  No

Gift Type: I am pleased to make a ...  New gift  New payment on an existing pledge

Contribution Amount: \$ \_\_\_\_\_

Anonymous Gift?  Yes  No

Name as you would like it to appear in recognition materials: \_\_\_\_\_

## *Gift as a Tribute*

My gift is in memory of: \_\_\_\_\_

My gift is in honor of: \_\_\_\_\_

Please send notification of my gift to: (name and address) \_\_\_\_\_

## *How did you hear about Giving Opportunity?*

Direct Mailer

Obituary

Advertisement

Special Event

Employee

Web Browsing

Friend/Family Member

Other, please specify: \_\_\_\_\_

If you checked Direct Mailer, please write code number here: \_\_\_\_\_

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## *Planned Giving*

Please provide me with information about wills and estate planning

I have a question, please contact me

I've already included Carroll Hospital in my estate planning through:

My will

A trust arrangement

Other: (please specify) \_\_\_\_\_

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## *Thank You*

Thank you for your donation to Carroll Hospital, a LifeBridge Health center.

Please mail this form along with your check or money order to:

**Carroll Hospital Foundation**

**Attn: Foundation Office**

**200 Memorial Avenue**

**Westminster, MD 21157**

**410-871-6200**