



RMMC FOUNDATION DONATION

Reeves Memorial Medical Center

MAIL COMPLETED FORM TO: PO BOX 697 | BERNICE, LA 71222

Donation Amount: \$ _____

BILLING INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

Donate by check: Mail check & this form to: PO Box 697, Bernice, LA 71222

Donate by credit card:

Please charge my credit card with the amount of \$ _____

Circle card type: **VISA**   **DISCOVER**

Please Print card number using **Black or Blue** ink.

Exp. Date (MMYY)

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Name on Card _____

Authorizing Signature _____

DONATION INFORMATION

General Donation

Donation From Hospital Construction Donor Opportunities:

Special Item(s)

DEDICATION INFORMATION *(optional)*

In Memory of *In Honor of*

Name _____

Would you like RMMC to send a card to someone as a notification of your honor or memorial donation? Your gift amount will not be included in the card.

No, do not send a card. Yes, please send a card to:

Name _____

Address _____ City _____ State _____ Zip _____

Personal message up to 120 characters:
