



Huntsville Hospital Foundation
Gift Donation Form

Date: _____

Donor's Name(s): _____

Address: _____

City / State / Zip Code: _____

Telephone Number: _____

Gift Amount \$ _____

Visa **Master Card** **Amex** **Discover** **Check#** _____

Credit Card Number: _____

Security Code: _____

(3 digit - back of card) (4 digit - front of card - Amex)

Expiration Date _____

In honor **In Memory** **Special Occasion Donation** **Care Champion Donation**

In honor: Make a contribution to recognize a special person.

In memory: Make a contribution to honor and remember someone who has died.

Special Occasion Donation: Make a contribution to celebrate important events such as weddings, birthdays, holidays, anniversaries, etc.

Care Champion Donation: Make a contribution to recognize and celebrate the care you or your loved one received from a physician, nurse or other staff during your stay at Huntsville Hospital.

Gift is a

Tribute to: _____

Personalized message: _____

Gift Designation: Heart Cancer Pediatrics

Neuro ICU Orthopedics Neonatal ICU

Emergency Room Madison Hospital Area of Greatest Need

Other Fund: _____

Please notify the following person(s) of my gift (amount will not be disclosed):

Name: _____

Address: _____

City / State / Zip Code: _____

Telephone Number: _____

Huntsville Hospital Foundation is a non-profit charitable organization.
Please make your check payable to: Huntsville Hospital Foundation
101 Sivley Road
Huntsville, AL 35801
Telephone: 256.265.8077

Gifts are tax deductible