

Donation Form



Your charitable donation is important to Fitzgibbon Hospital. Thank you!

Mail this completed form to: Fitzgibbon Hospital Foundation
P.O. Box 250
Marshall, MO 65340-0250

Your First Name: _____ Your Last Name: _____

Your Spouse's First Name: _____ Your Spouse's Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____

Day Phone: _____ Evening Phone: _____

- My gift is:** **in memory of:** _____
 a tribute to: _____
 a Grateful Patient donation to recognize: _____
 other: _____

Gift amount: \$ _____ I would like my gift to remain anonymous? Yes No

May we mail you information about Fitzgibbon Hospital? Yes No

Use this gift in the following area at Fitzgibbon Hospital:

- Special Projects – Linear Accelerator Capital Campaign
- Technology and Equipment
- Education
- Helping Hands Program
- Unrestricted Fund as directed by the Fitzgibbon Hospital Board of Trustees
- Other _____

Notification:

If you would like us to notify someone of your donation, please provide the appropriate contact information. The gift amount will not be specified.

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Fitzgibbon Hospital is a 501(c)3 not-for-profit hospital. Charitable gifts are tax-deductible as allowed by law.

- Check enclosed, payable to: "Fitzgibbon Hospital Foundation"
- Credit card by phone: Call the Foundation Office at (660) 831-3850
- Credit card by mail: Complete the information below and mail to the address noted above.
 - Mastercard Visa

Card Number: _____ Last 3 numbers on back of card: _____

Name as it appears on the card: _____ Expiration date: _____

If you work for a company that has a matching gifts program, please send us the appropriate information to double your donation.

Questions? Contact Andrea Barr at (660) 831-3850 or abarr@fitzgibbon.org

It's AMAZING what your donation can do!