

Contacted By: \_\_\_\_\_ Date: \_\_\_\_\_

Outer Banks Health Development Council 4800 S. Croatan Highway Nags Head, North Carolina 27959 (252) 449-5933 Tax ID # 20-0777374

## **DONOR INFORMATION**

Name:		Com	bany:			
Please acknowledge my donation in printed materials	as:					
This donation should be listed as <b>ANONYMOUS</b> acknowledge the gift and provide a letter for tax purposes. Anonym	• •				•	
Mailing Address:		City:			State:	Zip:
Telephone: Email	l:					
GIFT OPTIONS						
I pledge a gift in the amount of \$						
Check: Please make your check payable to Outer Ba	nks He	ealth Deve	elopment C	ouncil and return it t	o the address li	sted above.
Credit Card: Please charge my gift to my: (circle one)	MC	VISA	AMEX	DISCOVER		
Account Number:		Ехр.	Date:		-	
Signature:		CV\	/ Number: _		-	
Optional:						
My employer will match this gift. Enclosed is my matching gift form.						
My gift is: In Memory of:		In Hor	nor of:		-	
Send Acknowledgement to:					-	
IN-KIND DONATIONS						
Item (description)		/ \$		(value	e)	
Service (description)		/ \$_		(valu	e)	
Silent Auction Donation Notes:						
DONATION PURPOSE						
Cancer Center Capital Campaign (Supports the Carol S. and Edward D. Cowell, Jr. Cancer Center.)						
OBX Cancer Cares Fund (Get Pinked! & More; Cancer screenings and support services for cancer patients.)						
Health Coach Fund (Wellness screenings, health education and health coaching.)						
Outer Banks Health Greatest Need (For needs at Outer Banks Health as they arise.)						
Get Pinked! (Screening mammogram program and breast cancer initiatives.)						
🗌 2024 Gala						
Other						

## Thank you for your support!

Outer Banks Health Development Council is an affiliate of the ECU Health Foundation. Your donation to this 501(c)3 organization is tax deductible as allowed by law.