

ECU Health Chowan Hospital Development Council  
PO Box 629  
Edenton, North Carolina 27932  
(252) 482-6440  
Tax ID # 20-0777374



### DONOR INFORMATION

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Please acknowledge my donation in printed materials as: \_\_\_\_\_

This donation should be listed as **ANONYMOUS** (Please provide contact information below so that the Development Manager can appropriately acknowledge the gift and provide a letter for tax purposes. Anonymous gifts will be held in strictest confidence and will remain anonymous for recognition purposes.)

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### GIFT OPTIONS

I pledge a gift in the amount of \$\_\_\_\_\_.

**Check:** Please make your check payable to **ECU Health Chowan Hospital Development Council** and return it to the address above.

**Credit Card:** Please charge my gift to my: (circle one) **MC VISA AMEX DISCOVER**

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ CVV Number: \_\_\_\_\_

#### **Optional:**

My employer will match this gift. Enclosed is my matching gift form.

My gift is: In Memory of: \_\_\_\_\_ In Honor of: \_\_\_\_\_

Send Notification to: \_\_\_\_\_

### IN-KIND DONATIONS

Item (description) \_\_\_\_\_ / \$\_\_\_\_\_ (value)

Service (description) \_\_\_\_\_ / \$\_\_\_\_\_ (value)

Fundraiser Donation Notes: \_\_\_\_\_

### DONATION PURPOSE

ECU Health Chowan Hospital Greatest Need

Other \_\_\_\_\_

**Thank you for your support!**

ECU Health Chowan Hospital 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.