

Duplin General Hospital Foundation
PO Box 278, Kenansville, NC 28349

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 Specialist 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 **Duplin General Hospital Foundation** and return it to the address above.

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

Duplin General Hospital Foundation - General Fund

ECU Health Duplin Hospital – Greatest Need Fund

Other

Thank you for your support!

Your Donation to this 501 (c) 3 organization is tax deductible as allowed by law.