

ECU Health North Hospital Development Council
250 Smith Church Road
Roanoke Rapids, North Carolina 27870
(252) 535-8476
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 North 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 North Hospital Greatest Need

Other _____

Thank you for your support!

ECU Health North 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.