

Stillwater Medical Center **Foundation**, Inc.
Donation Form

Name(s) _____

Address _____

City _____ ST _____ ZIP _____

Phone _____ E-mail _____

I wish my gift to remain anonymous.

This donation is:

In Memory of _____

In Honor of _____

Celebrating the Birth of _____

Acknowledging my Guardian Angel:

Caregiver's Name _____

Unit/Area of Service _____

Please send an acknowledgement to:

Name _____

Address _____

City _____ St _____ Zip _____

My check for \$ _____, payable to SMC Foundation, is enclosed

Please Charge \$ _____ to my credit card:

Card # _____ Exp _____ Security Code _____

Signature _____

Donation Information:

I would like to designate this gift for:

General Endowment Nursing Education Community Flu Shots

Other: _____

(if no designation is made, your contribution will be considered "unrestricted")

I have included SMC Foundation in my estate planning.

Stillwater Medical Center Foundation
Teresa Hopkins, Executive Director
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405-742-5387