

Ferry County Health Foundation

Donor(s) Information (please print or type)

Name(s)			
Address			
City			
State		ZIP Code	
Telephone			
E-mail			

Tribute Information

This gift is IN HONOR or IN MEMORY OF: _____

Please send an acknowledgement card of this tribute gift to:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Donor Relationship to honoree: _____

Payment Information

Gift Amount					
Credit card type	Visa	MasterCard	American-Express	Express	Discover
Credit Card Number					
Expiration Date					
Name on Card					

Please make checks payable to:
Ferry County Health Foundation
PO Box 567
Republic, WA 99166

Please direct my gift to:
____ Area of greatest need
____ The Graham S. McConnell Memorial Scholarship Fund

My employer will match my gift. Matching gift forms enclosed.

Donor Recognition

Donor name as you would like it to appear on recognition materials:

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I (we) wish to have our gift remain anonymous.

The Ferry County Health Foundation is a 501(c)3 non-profit organization.

Phone: 509-775-0924 E-mail: information@fchealthfoundation.org web site: www.fchealthfoundation.org