

Changing Lives through Giving
Donation
FORM



PAYMENT OPTIONS

I/We want to make the following commitment to provide support for Mountain States Foundation. I/We understand that donations will be recognized in materials and signage (naming opportunities) where appropriate.

Total Amount \$ _____

\$ _____ per year for _____ years.

I/We would like our gift to be directed toward the area of greatest need.

I/We would like our gift to be directed toward the following initiative(s) and specific projects:

Mr. Mrs. Ms.

NAME _____

ADDRESS _____

CITY _____

HOME PHONE _____

BUSINESS/CELL PHONE _____

E-MAIL _____

SIGNATURE AND DATE REQUIRED _____

SIGNATURE AND DATE REQUIRED _____

It is understood that in the event of unforeseen circumstances, my commitment may be modified or terminated upon a written notice to Mountain States Foundation.

CASH AMOUNT ENCLOSED FOR

\$ _____

CHECK ENCLOSED FOR

\$ _____

CHARGE MY CREDIT CARD FOR

\$ _____

NUMBER _____

EXPIRATION DATE _____

AMERICAN EXPRESS

VISA

MASTERCARD

DISCOVER

I/WE WOULD LIKE OUR DONATION TO BENEFIT THE FOLLOWING FACILITY:

TENNESSEE FACILITIES:

- Johnson City Medical Center
- Niswonger Children's Hospital
- Franklin Woods Community Hospital (coming 2010)
- Indian Path Medical Center
- James H. & Cecile C. Quillen Rehabilitation Hospital
- Johnson City Specialty Hospital
- Johnson County Community Hospital
- North Side Hospital
- Sycamore Shoals Hospital
- Woodridge Hospital

VIRGINIA FACILITIES:

- Dickenson Community Hospital
- Johnston Memorial Hospital
- Norton Community Hospital
- Russell County Medical Center
- Smyth County Community Hospital