

# Giving Form



SOMC Development Foundation  
Your compassion, your community

## Donor Information:

Name (s) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_ Phone \_\_\_\_\_ Birthday (month/day) \_\_\_\_ / \_\_\_\_  
Yes, my gift may be recognized in appropriate hospital communications. \_\_\_\_\_ (initial)

### Please designate my gift to:

- Annual Fund
- Cancer Compassion
- Heart & Vascular
- Community Health & Wellness
- Hospice Caritas
- Pediatrics
- Breast Cancer Compassion
- Juvenile Diabetes
- Jim & Clara Donaldson Family Scholarship
- Nursery Bereavement

In honor or in memory of: \_\_\_\_\_

**Payment Options:** Visit [www.somc.org/development](http://www.somc.org/development)

**Online:** Make checks payable to SOMC Development Foundation / Attn: Erica Austin

**Check enclosed:** Choose your credit card option: (Never email or fax your credit card information.)

**Credit Card:**  
 This is a one-time gift \$ \_\_\_\_\_  
 I authorize the SOMC Development Foundation to charge my credit card in the amount of \$ \_\_\_\_\_  
per month on the  1st if the month\*  15th of the month\*

Complete your credit card information:

Visa  MasterCard  American Express  Discover

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Credit card number

Expiration date

Security Code

Name on card \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Pre-authorization giving is to remain in effect until the SOMC Development Foundation receives written or verbal notification of its termination from you. Notification may be made by writing to the SOMC Development Foundation 724 8th Street, Portsmouth, OH 45662 45662 or calling (740) 356-2506. The amount of your gift will be clearly itemized on your credit card or bank statement.

# \_\_\_\_\_ payments in the amount of \$ \_\_\_\_\_ beginning

**Pledge commitment:** in the month of \_\_\_\_\_ year \_\_\_\_\_

Send pledge reminders  Monthly  Semi-annually  Annually

Signature \_\_\_\_\_ Date \_\_\_\_\_

Call (740)356-5694 to see if your employer will match your gift.

**Matching gifts:** Yes, my employer \_\_\_\_\_ (employer name) will match my gift.



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[www.somc.org/development](http://www.somc.org/development)