



Giving Form

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

Online: Make checks payable to SOMC Development Foundation / Attn: Shaye Coburn

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 2201 25th Street, Portsmouth, OH 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) 356-2506 to see if your employer will match your gift.

Matching gifts: Yes, my employer _____ (employer name) will match my gift.

