

I wish to make a contribution to the Medical Center Memorial Foundation.

In MEMORY of _____

In HONOR of _____

Please notify:

Name: _____

Address: _____

City: _____ Zip: _____

of this gift made to the Medical Center Memorial Foundation.

*Enclosed is my gift of: \$ _____

Name: _____

Address: _____

City: _____ Zip: _____

to become a member of the Foundation in the category:

Please make checks payable to

Medical Center Memorial Foundation, Inc.

P.O. Box 2208, Anniston, Alabama 36202

Telephone: (256) 235-5147

All gifts are tax deductible and are acknowledged promptly. Gifts of \$500 or more will be commemorated with a plaque, naming the donor and placed on the Foundation wall in the main lobby of the Regional Medical Center. A gift of any amount is appreciated and if possible we hope you will please join our efforts to help Regional Medical Center in its pursuit of excellence in health care.

** If gift is included please enclose with application in envelope
addressed to: Medical Center Memorial Foundation Inc.*