



PRINTABLE DONATIONS

PLEASE PRINT AND FILL OUT THIS FORM, THEN MAIL OR EMAIL TO THE ADDRESS BELOW.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____

THIS DONATION IS IN MEMORY OF _____

THIS DONATION IS IN HONOR OF _____

THIS DONATION IS FOR (event name) _____

I WOULD LIKE TO MAKE A DONATION OF ___ \$50 ___ \$100 ___ \$200 ___ OTHER

IF OTHER (Enter amount) \$ _____ (the amount of your donation will be shown only on your receipt)

CREDIT CARD DONATIONS:

CREDIT CARD TYPE: ___ VISA ___ MASTERCARD ___ AMERICAN EXPRESS

CREDIT CARD NO: _____

EXPIRATION DATE: ___ / ___ SECURITY CODE: _____

CREDIT CARD BILLING ADDRESS (if different from above)

Cardholder Signature: _____

Please print this page and mail or email your donation payable to:

**McAlester Regional Foundation
1 Clark Bass Blvd
McAlester, OK 74501**

Email: rgathard@mrhcok.com

The McAlester Regional Health Center Foundation is a 501C3 charitable foundation Fed Tax ID #73-1618323. Your contribution may be considered tax-deductible to the extent allowed by law. The donor in connection with this donation received no significant goods or services.