This gift is given for: ☐ Cancer Care ☐ Cardiology ☐ Diabetes ☐ HEAL Program ☐ Pediatrics
☐ Stroke ☐ Trauma Care ☐ Women's Center ☐ Greatest Need ☐ Other _____

Enclosed is my gift of: ☐ $1000 ☐ $500 ☐ $250 ☐ $100 ☐ $50 ☐ $25 ☐ $ _____

Please charge my credit card:

☐ Visa ☐ Mastercard ☐ Discover ☐ American Express
☐ Annually ☐ Semi-Annually ☐ Other (Specify) _____

Account # _____ Expiration Date _____

Name on credit card _____

Signature _____

Name _____ Phone _____

Address _____ Email _____

City _____ State _____ Zip _____

Please make your check payable to Atrium Medical Center Foundation.
Your gift is tax-deductible as provided by law. For online giving, please go to ***www.AtriumMedCenter.org/donate***

Honor and Memorial Gifts

Please make my donation in (circle one) honor/memory of: _____

Please notify _____

Address _____

City _____ State _____ Zip _____

Atrium Medical Center Foundation will acknowledge your honor or memorial gift by sending an appropriate note to those you designate. The amount of your gift will not be mentioned.

Heritage Society

_____ I would like to know more about planned giving as a way to increase my gift or make a bequest.

_____ Please contact me with information about making a gift through a charitable gift annuity.

_____ Please include me in the Heritage Society because I've included Atrium Medical Center Foundation in my estate plan.

THANK YOU!

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