

Please print form, fill in, and mail to:  
HRRMC Foundation  
P.O. Box 429  
Salida, CO 81201



**DONOR INFORMATION:**

Name: \_\_\_\_\_

Check here if you wish to remain ANONYMOUS

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

**I WOULD LIKE MY DONATION TO HELP WITH:**

Yes, I want to help Heart of the Rockies Regional Medical Center to provide state-of-the-art care and innovative programs to the people visiting and living in the Upper Arkansas Valley through a donation to HRRMC Foundation.

- In support of the hospital building
- In support of the Nursing Education Program (scholarships for nursing students)
- In support of the Breast Care program (digital mammography)
- Angel of Shavano Hospice
- In support of the area of greatest need
- Other: \_\_\_\_\_

Please use my donations of \$\_\_\_\_\_ to support programs, capital or other needs at HRRMC.

**PAYMENT METHOD:**

- Check (please make check payable to HRRMC Foundation)
- Master Card
- Visa

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**MY GIFT IS:**

- In Memory of: \_\_\_\_\_
- In Honor of: \_\_\_\_\_

**PLEASE SEND AN ACKNOWLEDGEMENT TO THE HONOREE OR OTHER PERSON(S) LISTED:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_  
*(i.e. wife, son, friend, etc.)*

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PLEASE SEND ME INFORMATION ABOUT:**

- Heart of the Rockies Regional Medical Center
- How to include HRRMC Foundation in my will or estate plan

*HRRMC Foundation confirms that no goods or services were provided in exchange for this gift. All donations are tax-deductible as allowable by law.*