

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 HRRMC Center for Breast Health (3-D mammography)
- Heart of the Rockies Home Health and 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*)
- American Express
- 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.