



Donation /Pledge Form

Please mail completed form along with payment to:

HealthTrust
300 Third Avenue SE
Magee, MS 39111

Name: _____
Title First Last Suffix

Company: _____ Title: _____
(If you need a tax deduction for a company or group or this is a company credit card, enter the company or group name in Company.)

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Email: _____

I do not wish to receive HealthTrust's email newsletter.

All gift amounts will be kept confidential unless express permission is granted by the donor(s).
However, if you would like your status as a donor to remain anonymous, please check here.

I am making a cash gift of \$ _____ .

I am making a recurring gift of \$ _____ to be paid every Month Quarter Year.

I pledge a gift of \$ _____ every Month Quarter Year, for a total of
\$ _____ , beginning in _____ (Month).

(Please circle one)

I would like to make my gift in Memory / Honor of : _____ .

Please send an acknowledgement to: _____

X _____
Donor's Signature Date

Method of Payment

Enclosed Check *(Make check payable to HealthTrust)*

Credit Card

VISA, MC, AMEX, DISCOVER Account # _____ Exp. Date _____

(Please circle one)

3-digit Verification # located on the back of your card : _____

Signature: _____ Date: _____