



# Donation /Pledge Form

Please mail completed form along with your check  
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*).

I would like to make my gift in Memory / Honor of : \_\_\_\_\_

Please send an acknowledgement to: \_\_\_\_\_  
\_\_\_\_\_

X \_\_\_\_\_  
Donor's Signature

\_\_\_\_\_  
Date