



# ALLEGHANY MEMORIAL HOSPITAL FOUNDATION

## DONATION INFORMATION

I/we want to support the Alleghany Memorial Hospital Foundation to strengthen health care in our area!

I/we enclose: \$ \_\_\_\_\_ (amount)

Check Number: \_\_\_\_\_

## DONOR INFORMATION

Name(s): \_\_\_\_\_

Permanent Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

## PUBLICITY PERMISSION

I/We give AMH permission to use our name(s) in donor listings.

Signature(s): \_\_\_\_\_

Today's Date: \_\_\_\_\_

Please return this donation form to:

Alleghany Memorial Hospital Foundation

233 Doctors Street • Sparta, NC 28675

Or email to: [bsimony@amhsparta.org](mailto:bsimony@amhsparta.org)

Thank you for your generosity and support of our hospital!

*Alleghany Memorial Hospital Foundation is a not-for-profit 501(c)3 organization.*