



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: rgambill@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.