

Donor Information

Preferred Title: _____

First Name: _____ MI: _____ Last Name: _____ Suffix: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Gift Information

Gift Amount: _____

Use my gift to benefit the greatest need at Betsy Johnson Regional Hospital.

Designate your gift to one of the established funds to benefit Betsy Johnson Regional Hospital:

Samaritan Fund

Travel, Accommodations, Food, Newborns

Prescriptions

Children's Asthma Program

Teens As Parents (TAP)

Endowment Fund

Scholarships/Education

Building and Equipment Fund

Equipment

Programs/Services

Cancer Patients Fund

Capital Campaign Fund

Please specify any other Betsy Johnson Regional Hospital initiative that you would like to support.

Other: _____

Donor Name: _____

Payment Information

Print Form

Check Number: _____ Please make check payable to: Betsy Johnson Regional Hospital Foundation

Please charge my Credit Card: Discovery MasterCard Visa

Name as stated on card: _____

Cardholder Telephone Number: _____

Credit Card Number: _____ Verification Code: _____ Expiration Date: _____

Cardholder Signature: _____

Honorarium and Memorial Gifts

I would like to dedicate my gift in honor of: _____

I would like to dedicate my gift in memory of: _____

Please send notification of gift to:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

How would you like to be referred to in the notification letter?: _____

Pledge Program: **Yes!** Please send me information on how I can participate in Betsy Johnson Regional Hospital Foundation's pledge program.

Planned Giving Program: **Yes!** Please send me information on how I can participate in Betsy Johnson Regional Hospital Foundation's planned giving program.

Print this completed form and mail along with your contribution to:

Betsy Johnson Regional Hospital Foundation

P.O. Box 1706

Dunn, North Carolina 28335

Telephone: 910.892.1000, ext. 4483 Fax: 910.694.1316 Email: jfranklin@bjrh.org

Betsy Johnson Regional Hospital Foundation is a non-profit organization. The Tax ID is 20-1929953.
Your gift is tax deductible to the full extent allowed by law.

Print Form

Donor Name: _____

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