



**SCOTLAND COUNTY
HOSPITAL**
FOUNDATION

DONATION FORM

Mission: To improve the health of our communities, with services close to home.

Yes, I want to support the mission of Scotland County Hospital.
Please accept my gift in the amount of:

- \$10,000
- \$7,500
- \$5,000
- \$2,500
- \$1,000
- \$500
- \$250
- \$100
- \$50
- Other \$ _____

Please direct my gift to:

- Covid "The Greatest Needs" Fund
- General Foundation Fund for any hospital/clinics need
- Other _____ (Please Specify)

Please list me/us in any recognition materials as: _____

If this is a matching gift from a company/corporation, please provide information, including a contact name on both the donor and matching company/corporation: _____

I/We would like to remain anonymous.

Checks payable to: Scotland County Hospital Foundation; Mailed to: 450 E. Sigler Avenue, Memphis, MO 63555

Name(s) _____

Address: _____

Phone/Cell Number: _____

Email Address: _____

Signature Required: _____ Date: _____

This information is kept in strict confidence. All gifts made to the Scotland County Hospital Foundation are tax deductible to the extent permitted by law. A receipt will be mailed to you for your tax-keeping records.

Thank you for your generosity.