

Donation Form

Please fill out the information below then print and fax or mail to the Foundation.

Title Mr. Mrs. Ms.

* First Name Middle Initial * Last Name

* Address

Address 2

* City * State * Zip

E-Mail Address

* Phone Number () -

Donation Information

Donation Amount \$

Please direct my donation to (Circle One):

- Elmore Medical Center Fund
- Emergency Room Renovation
- Graduate Medical Education
- Community Outreach
- Elmore Senior Care Facility

Elmore Senior Care Facility

Gifts of any size are welcome, but, you may also choose from the following park recognition options:

- Brick (\$100)
- Tree(\$500)
- Wall of Honor (\$1000) (Donors will be contacted by a Foundation representative to obtain inscription information).

Recognition Information

If you want your donation to be in Honor of/in Memory of (Please also complete recognition information below).

- In Memory of*
- In Honor of*
- Speedy Recovery*

Name of Honoree

(Please indicate who we can notify of gift)

Notification Name:

Notification Address:

Notification City: State Zip

Payment Information

Credit Card Payment (circle one)

**Visa
MasterCard
American Express**

* **Credit Card Number**

* **Expiration Date** /

* **Name of Cardholder**

* **How did you here about us?**

Print then mail or fax this completed form with your check payable to:

**Elmore Medical Foundation
895 North 6th East
Mountain Home, ID 83647**

Or Fax

(208) 587-8406