

Donation Form

Join us in our mission to *Improve Lives Together*! Gifts of any amount are always appreciated.

Please accept my tax-deductible donation of:					
\$25	\$50	\$100	\$500	\$1000	Other\$
Name					
Name:					
Address:					
City:			State		_ Zip
Email:					
Phone:					
My donatio	n is in memo	ory o	r honor	of	

Thank you for your generous gift!

Please make your check payable to Magruder Hospital Foundation. Send this form along with your check. If you have a question please contact Kim Palmer kpalmer@magruderhospital.com or call 419-734-3131 ext. 3147

Magruder Hospital Foundation Attention: Kim Palmer 615 Fulton Street Port Clinton, OH 43452