

**Midland Memorial Foundation**

“Providing philanthropic support to Midland Memorial Hospital since 1945”

**Gift Form**

To ensure your gift is designated as you wish and is properly recognized by Midland Memorial Foundation, please complete the information below and return this sheet along with your contribution to the Midland Memorial Foundation at 2200 West Illinois Avenue, Midland, Texas 79701. Thank you.

**Enclosed is My Gift Of** \$ \_\_\_\_\_

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City/State Zip \_\_\_\_\_

Phone No. \_\_\_\_\_

Email Address \_\_\_\_\_

**This gift is designated for:**

- Endowment Fund       Nursing Education
- Wherever the Need is Greatest
- Other \_\_\_\_\_

- In Honor of \_\_\_\_\_
- In Memory of \_\_\_\_\_

**Please acknowledge my gift to:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Special Message \_\_\_\_\_

**Payment Information:**

\_\_\_\_\_ cash      \_\_\_\_\_ check      \_\_\_\_\_ money order

\_\_\_\_\_ credit card

Cardholder’s Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**I prefer to make a pledge commitment in the total amount of \$\_\_\_\_\_.**

Multiple payments, each in the amount of \$\_\_\_\_\_ starting in the month of \_\_\_\_\_.

To be paid \_\_\_\_\_ monthly \_\_\_\_\_ quarterly or \_\_\_\_\_ annually thereafter.