

My Contribution . . .

Your Name: _____

Address: _____

City: _____ State: _____

Zip: _____

Telephone: _____

Enclosed is my gift of \$ _____
(Please make checks payable to the Person Memorial Hospital Foundation)

Please contact me about automatic withdrawal from my bank account.

I wish to join the Cornerstone Society at the annual membership category marked below:

- Gold \$500 or more
- Silver \$250 - \$499
- Bronze \$100 - \$249

I wish to make payments of \$ _____
 Monthly Quarterly
 Twice a Year Annually

I wish this gift to be:
 In Memory of, In Honor of:

Name: _____
Please send gift announcement to:

Name: _____

Address: _____

City: _____ State: _____

Zip: _____

Telephone: _____

My gift will be matched by the following company: _____

Please designate this gift to:

- Development Fund
(To be used Where Most Needed)
- Auxiliary Fund
(To be used by the Auxiliary to benefit Person Memorial Hospital)
- Scholarship Fund
(Provides scholarships for students pursuing a medical field.)
- Endowment Fund
(Investment Fund-Only the interest will be used)
- I wish to remain anonymous
(No public recognition given.)

Please send me information about planned giving and the Keystone Society.

This form provided via www.personhospital.com

Mail This Form To:

**Person Hospital Foundation
Foundation Office
615 Ridge Road
Roxboro, NC 27573**

Thank You!