

Off line Donations

Join Us in Furthering the Ministry of Providence Hospital.

Please take a few minutes to write a check or charge a contribution to your credit card today. With your support, we can ensure that patients receive care, regardless of their ability to pay; that new, life-saving facilities are built; and that the mission of the Daughters of Charity is perpetuated for the future generations Providence Hospital will serve.

Contributor Information

Name: _____

Address: _____

City: _____ **State** _____ **ZIP** _____

Phone Number: () _____

Email: _____

Gift Amount

\$25 \$50 \$75 \$100 Other

Payment Information

Payment Type (*Make checks payable to Providence Foundation*)

Check Visa MasterCard Discover

Card Number _____ **Expiration Date** _____

Name as printed on card _____

Gift Designation

Where the need is greatest Other _____

Heart Fund Cancer Fund

Camp Bluebird Breast Cancer Outreach Fund

Festival of Flowers Palliative Care

Gift Acknowledgment

If you are making an honor or memorial gift, the family will receive an acknowledgment of your gift. No amount is mentioned.

I would like to have a gift acknowledgment sent.

Gift is made in Memory of _____

Gift is made in Honor of _____
Occasion _____

Please indicate the way you would like your name to be listed on the acknowledgment card _____

Please send the acknowledgment to:

Name _____

Phone Number () _____

Address: _____

City: _____ ST: _____ ZIP: _____

If a memorial gift, the relationship to deceased: _____

Please mail this document and payment to:

Providence Foundation

P.O. Box 850429

Mobile, AL 36685

If contributing by credit card, fill out the credit card information and

Fax this form to:

Providence Foundation

(251) 639-2052.

Thank you for your generosity. Your gift is tax deductible.