



I am a Grateful Patient and would like to make a gift honoring my caregiver.

Check here if billing address is the same on reverse side.

Name:

Address:

Phone:

Email:

Enclosed is my gift of: *(please check all that apply)*

- \$25 \$50 \$75 other: _____
- Please direct my gift to the area of greatest need.
- Please direct my gift to: _____

Payment Method:

- My check made payable to the *Fairfield Medical Center Foundation* is enclosed.
- My cash gift to the Fairfield Medical Center Foundation is enclosed.
- Please charge my: Visa Mastercard Discover

Card Number:

Security Code: Expiration:

Signature:

Complete the form online at fmchealth.org or mail this form and tax-deductible gift to:

**Fairfield Medical Center, Attn: Foundation
401 N. Ewing St., Lancaster, OH 43130**