



FOUNDATION

PULLMAN REGIONAL HOSPITAL

Pathways to a healthy future

Pullman Regional Hospital Foundation Memorial Donation Form

In lieu of flowers, you may honor a loved one by making a gift to Pullman Regional Hospital Foundation. Memorials support the Unrestricted Fund, which supports the hospital's greatest needs.

Family members are notified of your thoughtful gift to the memorial upon receipt. Memorials are published in the Foundation's Annual Report.

I would like to a memorial gift honoring: _____

I would like to make a gift in the following amount:

() \$100 () \$500 () \$1000 () \$2,500 () \$5,000 () Other \$ _____

Please notify the honorees family:

Name: _____

Address: _____ City, State, Zip: _____

MY INFORMATION:

My Name: _____

Address: _____ City, State, Zip: _____

Email address _____ Phone (_____) _____

Please note: To receive email updates and other information, please provide your email. If you prefer not to receive email updates, do not include your email address. *All email addresses are kept confidential and not shared.*

Please charge my credit card:
Credit Card # _____ Expiration Date: _____

I have enclosed a check

Signature _____ Date _____

How would you like your name listed in donor recognition materials? _____

To donate online, visit www.pullmanregional.org/foundation

This philanthropic gift to Pullman Regional Hospital is tax deductible to the extent provided by law.

Pullman Regional Hospital Foundation
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