

Hunt Regional Healthcare Foundation  
P.O. Drawer 1059  
Greenville, TX 76403-1059  
(903) 408-1068  
www.HuntRegionalFoundation.org



Hunt Regional  
Healthcare  
Foundation

**Yes, I want great healthcare in the Hunt County area, and I want to help today!**

Your donation to the Hunt Regional Healthcare Foundation can be made as a one-time investment or it can be structured as a periodic, recurring donation that you can modify at any time.

**TAX-DEDUCTIBLE DONATION RECEIPT**

Because the Hunt Regional Healthcare Foundation is a 501(c)(3) tax-exempt organization as determined by the IRS, your gifts will be tax deductible to the full extent permitted by law. Donors who mail in their contribution will receive a receipt via postal or electronic mail, and a record of your contribution will appear on your monthly bank or credit card statement.

**Thank you for making the Greatest Gift - your investment in a healthy community!  
YOU ARE APPRECIATED!**

Name(s) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**Donation Amount:**

\$1,000  \$500.00  \$250.00  \$100.00  \$50.00  \$25.00

\_\_\_ One-time donation **(Check Enclosed)**

\_\_\_ Monthly Donation (if monthly please deduct it from my account on \_\_\_5th of the month OR \_\_\_15th of the month)

If monthly: \_\_\_Checking Account\* **OR** \_\_\_ Credit Card

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_

**\*If monthly - Enclosed is a voided check OR credit card information for my donation.** Please transfer my donation from my checking/credit card account. I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift at any time through the online donation form at [www.huntregionalfoundation.org](http://www.huntregionalfoundation.org) or by contacting Hunt Regional Healthcare Foundation by phone or mail. All donations provided to Hunt Regional Healthcare Foundation originating as Bank Transfer (ACH transactions) comply with U.S. Law

**I would like to make my donation to:**

\$ \_\_\_\_\_ Area of Greatest Need

\$ \_\_\_\_\_ Finney Cancer Center

\$ \_\_\_\_\_ FitSTEPS for Life

\$ \_\_\_\_\_ Bras for the Cause

\$ \_\_\_\_\_ Cardiovascular Services

\$ \_\_\_\_\_ Emergency/Trauma Department

\$ \_\_\_\_\_ Intensive Care Unit

\$ \_\_\_\_\_ Women's Center - Maternity

\$ \_\_\_\_\_ Memorial Gift

\$ \_\_\_\_\_ Tribute Gift

\$ \_\_\_\_\_ Trustee's Endowment Fund

\$ \_\_\_\_\_ Other - Please specify below

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_ I have included HRH Foundation in my will.

\_\_\_ Send me information on how to include HRH Foundation in my will.

\_\_\_ I am interested in making a planned gift.

\_\_\_ Send me information on making a memorial or tribute gift.

\_\_\_ Contact me about naming opportunities.

\_\_\_ Send me information on \_\_\_\_\_

**Please make a copy of this form for your records, or you may request a copy from Hunt Regional Healthcare Foundation.**

**COMMENTS and QUESTIONS:** please contact us directly at 903.408.1068.