



Yes! I want to help **Knox Community Hospital** grow to meet the needs of this community!

DONOR INFORMATION

Name to be listed for recognition _____

Mailing address _____

City _____ State/Zip _____

Phone _____ Email _____

MY GIFT \$ _____

GIVING OPTIONS

Check enclosed payable to: The Foundation for KCH

Please contact me about planned giving.

Please invoice me.

Credit card gift—please complete section below.

American Express Visa

MasterCard Discover

Name on Card _____

Account # _____

Exp. Date _____ Security Code _____

Signature _____

Please sign/print this form then mail to the address listed below. Thank you.