

A STRONG HOSPITAL IS BUILT ON A SOLID FOUNDATION.

SOCIETY46



Since 1946, the providers of Memorial Hospital Gulfport have helped build a better hospital and healthier community.

You are the pillars of this hospital, and we rely on your strong and lasting support of the Foundation.

When you join your fellow providers in making a pledge to the Foundation, you'll broaden your scope of good in the community and secure a solid future for the hospital.

Join Society 46 today!


**Memorial
Hospital**
FOUNDATION

(Mr.|Mrs.|Ms.|Dr.) Name: _____ Dept: _____ Ext. _____

Home Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____ ID (E#): _____

I want my donation to support the _____ fund(s).

(Visit www.memorialhospitalfoundation.com for a list of funds. If no fund is designated, donations will be directed to the general fund.)

PLEASE SELECT ONE

MONTHLY PAY-ROLL DEDUCTION: I authorize Memorial to deduct the following amount from the second paycheck of each month (12 pay periods).

\$83.33 (\$1,000/yr) \$208.33 (\$2,500/yr) \$416.66 (\$5,000/yr)

Your signature is required to authorize payroll deduction. Your donation will **AUTOMATICALLY RENEW EACH YEAR** unless you contact the Foundation to cancel your contribution. You may contact the Foundation at any time to change or stop payroll deduction.

Signature: _____ **Date:** _____

ONE-TIME GIFT: My gift in the amount of \$1,000 \$2,500 \$5,000 is attached.

(Please make checks payable to MHG Foundation)

The Foundation will display donor names on the donor wall. Please check the box to the left if you wish to remain anonymous.

Contribution amounts are confidential. The Foundation does not provide goods or services as whole or partial consideration for contributions.

Please return this form to the MHG Foundation mailbox, representative or mail to P.O. Box 940, Gulfport, MS 39502.

You can also donate on our website.

www.MemorialHospitalFoundation.com ■ 228.865.3048

