

Donor Information:

Dr. Mr. Mrs. Ms. Name: _____

Address: _____
Street City State Zip Code

Phone: _____ Email: _____

Please check here if you would like your gift to remain anonymous.

Type of Donation (select one):

Memorial Honorarium General Donation

Tribute Information (for Memorial and Honorarium Donations):

Dr. Mr. Mrs. Ms. Name: _____

Send acknowledgement of my gift to:

Dr. Mr. Mrs. Ms. Name: _____

Address: _____
Street City State Zip Code

This person's relationship to honoree:

Spouse Mother Father Son Daughter Brother Sister Other _____

Gifts made to the Baptist Memorial Health Care Foundation are tax deductible as allowed by law. When designated to one of the following mentioned areas, 100% of your contribution is applied toward the intended purpose.

Please designate my gift for the following:

- Where the Need is Greatest
- Baptist Cancer Center
- Baptist Heart Institute
- Pediatric Services
- Friends of Nursing
- Neonatal Intensive Care Unit
- Baptist Operation Outreach for the Homeless
- Pastoral Care
- Other _____

Baptist College of Health Sciences

- General
- Scholarship Endowment
- Nursing Alumni Scholarship Endowment
- Allied Health Alumni Scholarship Endowment

Baptist Trinity Home Care and Hospice

- General Hospice
- Home Visits
- Baptist Reynolds Hospice House
- Camp Good Grief
- Priceless Wishes for Hospice Patients

Baptist Memorial Hospital

- Booneville
- Collierville
- DeSoto
- Germantown Rehab
- Golden Triangle
- Huntington
- Memphis
- NEA
- North MS-Oxford
- Tipton
- Union City
- Union County
- Women's
- Restorative Care