



I would like to make a contribution to Howard Hospital Foundation to benefit Howard County General Hospital.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Phone: _____

Enclosed is my contribution in the amount of \$_____.

Please charge my contribution in the amount of \$_____ to the following credit card:

American Express

VISA

MasterCard

Discover

Name on Card: _____

Card Number: _____

Expiration Date: _____ Billing Zip code: _____

Please call me regarding a contribution of stock, planned gift or other appreciated property.

My employer will match my gift. I have enclosed my matching gift form.

I would like to designate my gift for the purpose of: _____

My gift is in memory of: _____

My gift is in honor of: _____

My gift is to *Honor A Caregiver* at HCGH: _____

Please notify the person/family of my contribution with an acknowledgement letter:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Make checks payable to *Howard Hospital Foundation*. Please mail this form with your gift to the address below.

If paying by credit card, you may fax this form to the number below or attach in an email to the address below.

For any questions or further information, please call 410-740-7840. **Thank you.**

Howard Hospital Foundation is a 501(c)3 non-profit organization dedicated to supporting Howard County General Hospital: A Member of Johns Hopkins Medicine.

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