

Recognizing the need, I (we) wish to contribute the tax deductible sum of \$_____, payable to Oaklawn Hospital. Please print your name exactly as you would like it to appear on your records.

- Mr. Mrs. Mr. and Mrs. Ms. Miss Dr.

Donor's Name _____
Address _____
City _____ State _____ Zip _____

- Please send information about including Oaklawn Hospital in my will or estate plan.
 Even though I (we) have provided the above information, I (we) would like this gift treated anonymously.

This gift is given in memory of honor of

Name _____
Notify _____
Address _____
City _____ State _____ Zip _____

(Memorial and honor contributions to Oaklawn Hospital are acknowledged to the donor and a letter is sent to the person(s) honored or to the specified loved one of the person memorialized. The amount of your gift will not be included in the acknowledgement letter).

THANK YOU FOR YOUR WONDERFUL SUPPORT! OUR COMMUNITY HOSPITAL BELONGS TO ALL OF US.