

Electra Hospital Foundation

Printable Donation Form

Please Print, Complete, and Mail This Form to the Following Address

Electra Hospital Foundation

P.O. Box 1112

Electra, Texas 76360

Enclosed is my check in the amount of \$_____ payable to the
Electra Hospital Foundation

My Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ E-Mail: _____

Type of donation (Please Choose One)

General Donation:

Gift in Memory of: _____
(Name of Deceased)

Send Acknowledgement Card to:

Name: _____

Address: _____

City/State/Zip: _____

How would you like the Card to be signed?

(Name or Names)

Gift in Honor of: _____
(Name of Individual)

Send Acknowledgement Card to:

Name: _____

Address: _____

City/State/Zip: _____

How would you like the Card to be signed?

(Name or Names)