

Payment Information:

- Cash
- Check (Payable to FCMC Foundation)
- Please charge \$ _____ to my credit card
- MasterCard
- Visa
- Discover
- American Express

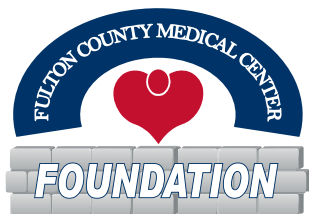
Account#

Expiration Date

Security Code

Name on card

Signature

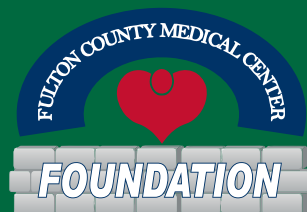


For more information please contact:
FCMC Foundation
214 Peach Orchard Road
McConnellsburg, PA 17233
717-485-6842
www.fcmcpa.org

*FCMC Foundation is a 501(c)(3) not-for-profit organization.
All gifts are tax-deductible as allowed by law.*

Gift of Tribute

REMEMBER SOMEONE SPECIAL



WWW.FCMCPA.ORG/DONATE

Gift of Tribute

OPPORTUNITIES FOR GIVING

The Gift of Tribute program at Fulton County Medical Center Foundation provides an excellent opportunity to remember and give tribute to those, living or deceased, whose kindness and love have touched our lives.

A Gift of Tribute can also be made to commemorate a special event (i.e. birthday, anniversary, graduation, wedding, Mother's Day, Father's Day), celebrate a recovery, or remember a loved one who has passed on. By making a contribution you are investing in the future of our community's health care. Each gift helps FCMC enhance its facilities, equipment and services for our community.

When you make a Gift of Tribute, you will receive an acknowledgement of your contribution, and the honored person or family member will receive a letter notifying them of your thoughtful tribute in honor or in memory of their loved one. Although the amount of the gift is kept confidential, the donor and the name of the person being honored or memorialized will be published in FCMC's Annual Donor Report.

To make a tax-deductible gift, please fill out the attached form and return in the enclosed postage paid envelope. Gifts can also be made online by visiting our website - www.fcmlcpa.org/donate.

We sincerely appreciate any and all gifts made to benefit FCMC and the community we serve!

Yes, I would like to give ...

Enclosed is my Gift of Tribute \$ _____

in honor of in memory of

Honoree's Name

Purpose of Gift:

Sympathy/Memorial

Birthday

Get Well

Anniversary

Appreciation/Thanks

Other _____

Donor Information:

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

Email _____

Send acknowledgement of my gift to:

Name _____

Address _____

City _____

State _____ Zip _____

See payment information on reverse side

Detach form and mail back in the provided envelope.