

**Fulton County Medical Center Foundation**  
**Printable Donation Form**

Please find my gift in the amount of:  \$25  \$50  \$100  \$500  \$1000  Other

Yes, my company makes matching gifts. I have enclosed information to access the match.

Check enclosed: Made payable to Fulton County Medical Center Foundation

Credit Card: I prefer to use my credit card (please see below) or call 717-485-6842

Securities: I plan to use securities for my contribution. Contact 717-485-6842 for details.

Gift by credit card: I authorize FCMC Foundation to charge my  Visa  MasterCard  AMEX  Discover

Charge Amount: \$\_\_\_\_\_ Credit Card #:\_\_\_\_\_ Exp. (mm/yy):\_\_\_\_\_ 3-digit security code: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature (required): \_\_\_\_\_

FCMC Foundation honors the privacy of our benefactors. We do not sell or share our donor lists with any outside entities.

Donor Name: \_\_\_\_\_ (Please print as you would like to be recognized.)

Company (if applicable): \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Seasonal Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Dates at this address: \_\_\_/\_\_\_/\_\_\_

Email: \_\_\_\_\_ Telephone (Home): \_\_\_\_\_ Business: \_\_\_\_\_

This gift is made in memory/honor of: \_\_\_\_\_

Please send acknowledgement of this contribution to: \_\_\_\_\_ (Gift amount is not disclosed)

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please check all that apply:

I wish to remain anonymous.

I have named Fulton County Medical Center in my will or estate plans.

Please ask a member of the staff to contact me about giving opportunities.

Please send me planned giving information.

Please use this gift to further support (select one):

Unrestricted: FCMC Foundation's greatest needs

Capital Initiatives

Cardio Pulmonary

Emergency Department

Endowment

Long Term Care

Medical/Surgical Services

Rehabilitation Therapy

Scholarship

Other

Please Mail This Form With Payment To:

Fulton County Medical Center Foundation  
214 Peach Orchard Road  
McConnellsburg, PA 17233