



The Foundation

**KNOX
COMMUNITY
HOSPITAL**

Creating a Healthy Legacy.

Donation Form

To make a donation, please complete the following information, print the form and mail it with your check made payable to The Foundation for Knox Community Hospital.

Yes! I wish to support The
Foundation for Knox Community Hospital
with the enclosed gift of \$ _____

Please use my gift in support of:

- Annual Fund Endowment Fund
 Area of Greatest Need
 The following specific purpose:

*Name (as you would like it to
appear in public listings) _____

Email Address _____

Street Address _____

City, State, Zip _____

Home Telephone _____

If this is a Tribute Gift, please
provide the following information:

- In Memory Of In Honor Of

Notify the following person of this gift:
Name _____

Street _____

City, State, Zip _____

Please send me information on
charitable estate planning.

- Yes No

I have made a provision in my will for The
Foundation for Knox Community Hospital.

- Yes No

Checks should be payable to:
The Foundation for Knox Community Hospital

and mailed to:
The Foundation for Knox Community Hospital
1330 Coshocton Road
Mount Vernon, Ohio 43050

All gifts are fully tax deductible
to the extent allowed by law.

For more information on giving to The
Foundation for Knox Community Hospital,
please contact us at (740) 393-9178 or by
email at Foundation@KnoxCommHosp.org

* Required information.