

UNION HOSPITAL FOUNDATION

Each gift to the Union Hospital Foundation supports improvements in medical care and health that benefit those who live in the Wabash Valley.

Donor Information

*Denotes a required field

First Name:*

Last Name:*

Address:*

City/State:*

Zip:*

Phone:*

Email:*

I would like to make a gift to:
(check one)

- Capital Campaign
- "Friends of Union Hospital" Annual Drive
(specify area below):
 - Where needed most
 - Other:

- Golf Tournament
- Children's Classic
- Other :

This gift is:
(check one, if applicable)

- In honor of
- In memory of

Name:

Your Relationship to this Person (i.e. patient, daughter, etc):

Please notify this person about my gift:

Name:

Address:

City/State:

Zip:

My gift amount is:

\$ _____

I wish to remain anonymous.

Payment Information

Please be sure that the information entered is exactly as it appears on your credit card billing information.

Payment Method:
(check one)

- Visa
- Mastercard
- Check (made payable to "Union Hospital Foundation")

Name on Card:

Credit Card Number:

Security Code:

(A three-digit number on the back of your credit card, immediately following your main card number.)

Exp. Date:

____ / ____

I would like more information about:
(check one, if applicable)

- Other giving options
- Future Foundation events
- This year's annual drive
- Making a matching gift with my employer

Union Hospital Foundation

Mailing Address:
1606 N. 7th Street
Terre Haute, IN 47804

Office Address:
1430 N. 6th Street
Terre Haute, IN 47804

Questions/Comments:

