

Seymour Hospital Foundation, Inc.

Printable Donation Form

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

Seymour Hospital Foundation, Inc.

200 Stadium Drive

Seymour, Texas 76380

Date: _____ (Please PRINT All Information Clearly)

Enclosed is my check in the amount of \$ _____ payable to the
Seymour Hospital Foundation, Inc.

My Name: _____

Address: _____ Home Phone: _____

City/State/ZIP: _____ 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)

Thank You for Your Gift!
Your Contribution is Tax-Deductible.