



THE FOUNDATION
Thomas Health

Please PRINT name(s):

Address _____

City _____ State _____ Zip _____

Telephone _____

Email _____

Credit Card Payment: ____ Visa ____ MasterCard

Card Number _____

Expiration Date _____ Amount to Charge _____

Signature _____

Designated area for gift _____

If Gift of Tribute:

In honor of _____

Occasion _____

or

In memory of _____

Send notification of Gift of Tribute to:

Name _____

Address _____

City _____ State _____ Zip _____

Comment to go with notification: _____

Please return this card and donation to:

**The Foundation for Thomas Health
4605 MacCorkle Avenue, S.W.
South Charleston, WV 25309**

Additional Opportunities:

____ Send me information on how to honor or remember
someone special through a **Gift of Tribute**

____ Send me information on planned giving opportunities
and **The Legacy Society** (estate gifts).

____ Send me information on the **President's Society**
(pledges of \$20,000 or more).

____ Send me information on the **Foundation Champions**
(business recognition program)

For More Information

Call: 304.766.4340 **Email:** foundation@thomashealth.org