

**WEIRTON MEDICAL CENTER FOUNDATION
DONATION BY MAIL FORM**

Please print this page and complete the requested information.

___ I wish to remain anonymous.

Your name (as you would like it to appear in print):

Your Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____

E-mail _____

Corporate Matching Gift (company name) _____

Gift is in memory of _____

Gift is in honor of _____

Gift is on the occasion of ___ birthday ___ anniversary ___ other _____

If your gift is in memory or in honor of someone, the Weirton Medical Center Foundation will send a card to the family member or honoree, as you specify.

Please send an acknowledgement to (honoree or family of deceased):

Their Name _____

Address _____

City _____ State _____ Zip _____

Gift Amount _____

Payment Options: ___ MasterCard ___ Visa ___ Discover ___ Check

(Please make check payable to Weirton Medical Center Foundation)

Name as it appears on the credit card _____

Card Number _____ Exp Date _____

Signature _____

Please send the completed form to:

Weirton Medical Center Foundation
601 Colliers Way
Weirton, WV 26062

THANK YOU FOR SUPPORTING WEIRTON MEDICAL CENTER FOUNDATION!