

DONATION FORM

Uvalde Memorial Hospital is a 501(c) 3, community hospital that serves a five-county region that includes Edwards, Kinney, Real, Uvalde and Zavala. Every dollar given to Uvalde Memorial Hospital benefits the current and future healthcare services in our region. Your gift can truly make a difference in the lives of others.

Please accept my gift (100% tax deductible) to Uvalde Memorial Hospital UMH Hospice

Please make your check payable to Uvalde Memorial Hospital, or we can charge your credit card.

Donation amount: \$ _____

Check Cash VISA MasterCard AMEX Discover

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Billing Zip Code	Card Holder Name	Authorization Signature

Please print your name(s) exactly as you wish to be recognized.

Name(s)

Mailing Address

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This gift is **in memory of** **in honor of**

Name of Recognized Person

Please notify the following individual that this gift has been made (the amount will not be disclosed unless otherwise requested):

Name(s)

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To donate securely online visit www.umhtx.org/donate

**For special arrangements or questions please contact
Sheri Rutledge at 830.278.6251 ext. 1616**

Please mail or fax your completed form to:
Uvalde Memorial Hospital
1025 Garner Field Road Uvalde, Texas 78801
830-278-6251 Fax 830-278-8529 www.umhtx.org



**Uvalde
Memorial
Hospital**

Thank You For Your Support.