



MEMORIAL AND HONOR GIFTS

Please use this form when making a memorial or honor gift. When you have printed and completed the form, enclose it along with your check or credit card information and mail to:

Murray County Healthcare Foundation (MCHF)
P.O. Box 1138
Sulphur, OK 73086

Enclosed is my gift in the amount of \$ _____

In memory of _____

Please acknowledge my gift to:

Name: _____

Address: _____

City _____ State _____ Zip _____

Donor Information:

Name _____

Address _____

City _____ State _____ Zip _____

Gifts can be made by check or credit card:

Make checks payable to: MCHFoundation.

Credit Card:
Account # _____ Expires _____

Name on Card _____

Signature _____

Please remember that gifts are tax deductible to the extent allowable by law.

Thank you for becoming part of our special family of contributors.