

**Thank you so much** for your generous support. Your gift will provide funds to the West Georgia Health Foundation for the benefit of WellStar West Georgia Medical Center and the community it serves.

Donor's Name \_\_\_\_\_

Donor's Address \_\_\_\_\_

City, State, ZIP code \_\_\_\_\_

Enclosed is my check for \$ \_\_\_\_\_.

Please charge my donation of \$ \_\_\_\_\_ to the following credit card:

Visa                      Credit Card # \_\_\_\_\_

MasterCard              Expiration Date \_\_\_\_\_

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This donation is:

In Memory of \_\_\_\_\_

In Honor of \_\_\_\_\_

Please include this message:

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\_\_\_\_\_

Please send acknowledgement of my gift to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP code \_\_\_\_\_

*While keeping the amount of your donation confidential, we will send notification of your gift to you and your designated honoree or his/her family.*

**All gifts are tax-deductible  
as allowed by law.**

**Please make checks payable to:**

West Georgia Health Foundation  
1514 Vernon Road  
LaGrange, GA 30240

(706) 845-3029 Phone

(706) 812-2878 Fax

WGH-Foundation@wellstar.org

**All donations will be allocated  
to our current project: at-risk  
newborn care technologies  
for Labor & Delivery.**

**Thank you for your  
generous support.**