

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.

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Donor's Address _____

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Phone _____

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PAYMENT OPTIONS:

- 1** Enclosed is my check for \$ _____ made payable to **West Georgia Health Foundation**.
- 2** Please charge my donation of \$ _____ to my credit card:
 Visa MasterCard American Express
Credit Card Number _____
Exp. Date _____ CWV 3- or 4-digit code _____
Signature _____
- 3** I will call the Foundation at (706) 845-3029 to provide my credit card information verbally. (If your call is not answered immediately, please leave a message, and we will return your call to obtain your credit card information.)
- 4** I would like a representative from the Foundation to call me at my phone number above so I may provide my credit card information.

THIS DONATION IS:

In Memory of _____

In Honor of _____

I would like to include this message:

Please send acknowledgement of my gift to:

Name _____

Address _____

City, State, ZIP code _____

PLEASE MAIL TO:

**West Georgia
Health Foundation**
1514 Vernon Road
LaGrange, GA 30240

QUESTIONS?

(706) 845-3029

All gifts are
tax deductible as
allowed by law.

**Please know how
grateful we are for
your thoughtful and
generous support.**

*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.*