



Newport Hospital & Health Services Foundation

714 W. Pine Street • Newport, Washington 99156 • (509) 447-7928

Thank you for your donation! Please mark one of the following options and *Sign/Date* below.

_____ I authorize a regular donation of \$ _____ PER _____ (week, day, month, etc) be made to the NHHS FOUNDATION with a charge to my credit card beginning on _____ (date). My donation will end upon my written request to cancel. I understand that I can cancel at any time. (Payments by check can be arranged by calling the NHHS Foundation at (509) 447-7928).

Please apply each donation to:

_____ Healthy Kids Snack Bags _____ General Foundation Fund

_____ I am making a *ONE TIME ONLY* donation of \$ _____ to NHHS FOUNDATION.

Please apply my one time donation to:

_____ Healthy Kids Snack Bags _____ General Foundation Fund

_____ I would like to *CANCEL* my regular donation as of _____ (end date).

Credit Card Transaction:

Visa MasterCard

Name on card: _____

Card Number: _____

Code: _____ **Expiration Date:** ____/____/____

Billing Address: _____ **City/ST:** _____ **Zip:** _____

Cardholder Signature: _____ **Date:** _____

I understand all donations will be reported to NHHS FOUNDATION as a contribution in my name. The NHHS FOUNDATION will provide me a receipt (by January 31 of each year) for my annual calendar year contributions for tax reporting purposes.

Please print name AND mailing address for receipt.

SIGNATURE

Date

Note: Changes due to this election require a new signed donation form.

Received by NHHS Foundation: _____

Date

Initial