

## Gifts of Kindness Donation Form

Date: \_\_\_\_\_

### Your contact information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Extension: \_\_\_\_\_

Email: \_\_\_\_\_

In memory /honor of: \_\_\_\_\_

### Person to notify of this gift:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to the person being honored/remembered: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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### Gift of Kindness Level I/we wish to support:

\_\_\_\_\_ Level 1 (\$10) Safety Suckers for ED patients; Crayons and coloring books for young patients; Baby scratch mittens; Disposable heating pads; Socks for hospice patients.

\_\_\_\_\_ Level 2 (\$15) New sweatpants and sweatshirts (all sizes) for patients in the DRH Horizons Unit; Nutritious snacks and surgical caps/masks for students touring the Hands on Health Center; Baby blankets for newborns; Books for Hospice patients.

\_\_\_\_\_ Level 3 (\$25) Cool Mist humidifiers to be used in patient's rooms; Comfort Bags for family members staying with patients (Bags include travel-size toiletries to make their stay a little easier); Comfort Blankets for patients; Monitors for Hospice patients

\_\_\_\_\_ Total Gift

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My check in the amount of \$ \_\_\_\_\_ is enclosed. (Please make checks payable to DRH Health Foundation)

Please charge my gift of \$ \_\_\_\_\_ to: \_\_\_\_\_ VISA \_\_\_\_\_ American Express

Name on the card: \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_ Billing address zip code: \_\_\_\_\_

Mail completed form and check to:

DRH Health Foundation  
PO Box 2000  
Duncan, OK 73534