



We/I would like to make a donation to the DRH Health Foundation

\_\_\_\_\_ In Memory of (Name) \_\_\_\_\_

\_\_\_\_\_ In Honor of (Name) \_\_\_\_\_

Please send an acknowledgement to:

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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Place my donation in the following fund:

- \_\_\_\_\_ DRH Medical Equipment Fund
  - \_\_\_\_\_ Taylor Le Norman/McCasland Cancer Center
  - \_\_\_\_\_ DRH Learning Center
  - \_\_\_\_\_ Hands On Health Interactive Center
  - \_\_\_\_\_ DRH Learning Center Scholarship
  - \_\_\_\_\_ Chisholm Trail Hospice
  - \_\_\_\_\_ DRH Health Foundation Endowment
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Donor's Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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Amount of Donation: \$ \_\_\_\_\_

**Please make checks out to DRH Health Foundation**

Mail Form and check to: **DRH Health Foundation**  
**PO Box 2000**  
**Duncan, OK 73534**