



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: _____

My gift will benefit:

- _____ Hands On Health Interactive Learning Center Fund
- _____ DRH Learning Center Operating Fund
- _____ Taylor Le Norman/McCasland Cancer Center
- _____ DRH Health Foundation Nursing Scholarship Fund
- _____ "Adopt a Nursing Student"
- _____ "Supply a Student"
- _____ DRH Hospital Medical Equipment Fund
- _____ Chisholm Trail Hospice

Donor's Name: _____

Address: _____

City, State, Zip: _____

_____ I/We wish to remain anonymous

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