



Please Mail To: **DRH Health Foundation**
PO Box 2000
Duncan, OK 73534
580-251-6640

Healthcare Hero Printable Donation Form

Thank you for making a donation in honor of one of your caregivers. If you would like to mail a gift rather than using our online services, please complete this form, print, and send with your payment. For your convenience, you may complete this form on-screen before you print it (the information you type never leaves your computer), or you can simply print the form first and fill it out by hand.

Date:

Personal Information:

Name:

Address:

City, State, Zip:

Telephone:

E-mail:

I prefer to make this donation **anonymously**.

Your Healthcare Hero

Please provide as much information about your "Healthcare Hero" as you can so we can be sure to notify the appropriate person.

Your Hero's First Name:

Last Name:

This person is a: (doctor, nurse, volunteer)

Area of care: (ER, Third Floor, Rehab, ICU)

Please let us know why your Healthcare Hero is so special:

Gift Amount:

\$10 \$25 \$50 \$100 \$250 \$500 \$1000 Other

Please direct my gift to:

Payment Information:

Check Enclosed **Credit Card** **Payroll Deduction** (DRH Team Members only \$20 minimum contribution.)

Card Number:

Exp Date:

Security Code:

Name as it appears on card:

Cardholder Signature: _____