REEVES Memorial Medical Center FOUNDATION

Memorial & Honor Gifts

MAIL COMPLETED FORM TO: PO BOX 697 | BERNICE, LA 71222

Donation Amount: $_____

BILLING INFORMATION

Name _____
Address _____
City _____ State _____ Zip _____
Home Phone (_____)_____ Cell Phone (_____)_____

☐ Donate by check: Mail check & this form to: PO Box 697, Bernice, LA 71222

☐ Donate by credit card:
Please charge my credit card with the amount of $_____

Circle card type: VISA MasterCard AMERICAN EXPRESS DISCOVER

Please Print card number using **Black** or **Blue** ink. Exp. Date (MMYY)

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐

Name on Card _____
Authorizing Signature _____

DEDICATION INFORMATION

☐ *In Memory of* ☐ *In Honor of*

Name _____

Would you like RMMC to send a card to someone as a notification of your honor or memorial donation? Your gift amount will not be included in the card.

☐ No, do not send a card.

☐ Yes, please send a card to:

Name _____
Address _____ City _____ State _____ Zip _____

Personal message up to 120 characters:

_____
_____