

WAYNE

MEMORIAL HOSPITAL
FOUNDATION

Print and send to:

Wayne Memorial Hospital Foundation
PO Box 8001 Goldsboro, North Carolina 27534

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

Enclosed is my check, payable to Wayne Memorial Hospital Foundation, for:

\$25 \$50 \$100 \$250 Other _____

Please bill my credit card.

Card Number _____
Exp. Date _____ Card Security Code _____
Name on Credit Card _____
Phone _____

(You will be contacted only if there is a problem processing your card.)

My gift is made (please check one): _____ in memory of _____ in honor of:

You may make your gift in honor of multiple persons.

Designation:

- ___ Unrestricted (For Greatest Need)
- ___ Nursing Scholarship
- ___ Medical Technology and Equipment
- ___ Facility Upgrades
- ___ Wellness Programs
- ___ Grateful Patient Program
- ___ Tribute