



10705 Charter Drive, Suite 320
Columbia, MD 21044
410-740-7840
Fax: 410-740-7538

HHFCF5/08

- I would like to make a contribution to Howard Hospital Foundation to benefit Howard County General Hospital.

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

- Enclosed is my contribution in the amount of \$_____.
- Please charge my contribution in the amount of \$_____ to the following credit card:
- American Express Name listed on the Card: _____
 - VISA Card Number: _____
 - MasterCard Expiration Date: _____
 - Discover Billing Zip code: _____

- Please call me regarding a contribution of stock, planned gift or other appreciated property.

- My employer will match my gift. I have enclosed my matching gift form.

- I would like to designate my gift for the purpose of: _____

- My gift is in memory of: _____
- My gift is in honor of: _____

Please contact the person/family of my contribution:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Make checks payable to Howard Hospital Foundation. Please mail this form with your gift to the above address. For further information, call 410-740-7840. **Thank you.**

Howard Hospital Foundation is a 501(c) 3 non-profit organization dedicated to supporting Howard County General Hospital: A Member of Johns Hopkins Medicine.