

HCA Hope Fund Donation Form

Step 1 | My Information This form should be used by individuals who are **not** HCA employees. □ Patient ☐ Physician □ Volunteer ■ Medical Staff ■ Vendor ☐ Volunteer Auxiliary ☐ Other_ Last Name Middle Initial Address City State ZIP Code E-mail Address Phone Number HCA Facility Name (if applicable) City and State Step 2 | My Donation (Note: The most secure and accurate way to make a donation is online at www.hcahopefund.org.) ☐ Check (Make check payable to HCA Hope Fund.) Amount of donation \$ __ Leadership Circle is composed of donors who contribute \$500+ annually. Gifts of \$500 are matched dollar for dollar. Step 3 | My Tribute This gift is: ☐ in memory of: _____ _____ in honor of:_____ Please send an acknowledgment to: _ Name Address Step 4 | My Recognition ☐ Check here if you wish to remain anonymous in all HCA Hope Fund publications and materials. Step 5 | Sign & Return Signature Date

Please return this form to: HCA Hope Fund, P.O. Box 440252, Nashville, TN 37244

Thank you!

