



### Donation Form

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

AMOUNT OF CONTRIBUTION: \$ \_\_\_\_\_

GIFT DESIGNATION:

- ☐ Where the need is greatest
- ☐ Cancer Care
- ☐ Nursing Excellence
- ☐ Heart & Vascular Care
- ☐ Women & Children
- ☐ Other area of interest: \_\_\_\_\_

In Memory of: \_\_\_\_\_

In Honor of: \_\_\_\_\_

If you would like the family to be notified of your gift (excluding the dollar amount), please write the name and complete mailing address below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Make check payable to:**  
***Rex Healthcare Foundation***  
***2500 Blue Ridge Road, Suite 325***  
***Raleigh, NC 27607***

If you prefer to use your credit card, visit us online at [rexhealth.com](http://rexhealth.com)  
Questions? Call Jennifer Scott at (919)784-4562.