



Boulder City Hospital
Foundation
In Support of Boulder City Hospital

MEMORIAL DONATION FORM

Name: _____

Home Address: _____ City: _____ State: _____

Phone: () _____ E-mail address: _____

Enclosed is my gift for:

\$2,500 \$1,000 \$500 \$250 \$100 \$50 \$25 Other \$ _____

For donations by check: Please make checks payable to Boulder City Hospital Foundation.

For donations by credit card:

I authorize the following charge of \$ _____ to be placed on my ___ VISA ___ MasterCard ___ Discover

Card number: _____ Expiration Date: ___/___/___

Name as printed on card: _____

Cardholder's Signature: _____ Date: _____

I would like my contribution to be in Memory of the following individual(s):

Name: _____

Personal Message (optional): _____

Please send the acknowledgement of this donation to:

Name: _____

Address: _____ City _____ State: _____

I would like my contribution to remain anonymous:

Return Form to: Boulder City Hospital Foundation, 901 Adams Blvd., Boulder City Hospital, 89005

For questions, please contact Craig Bailey, COO/Executive Director, Boulder City Hospital Foundation at 702-293-4111 or email: cbailey@bouldercityhospital.org.