

DONATION FORM

Uvalde Memorial Hospital is a 501(c) 3, community hospital that serves a five-county region that includes Edwards, Kinney, Real, Uvalde and Zavala. Every dollar given to Uvalde Memorial Hospital benefits the current and future healthcare services in our region. Your gift can truly make a difference in the lives of others.

Please accept my gift (100% tax deductible) to Uvalde Memorial Hospital UMH Hospice

Please make your check payable to Uvalde Memorial Hospital, or we can charge your credit card.

Donation amount: \$ _____

Check Cash VISA MasterCard AMEX Discover

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Expiration Date

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Authorization Signature

Please print your name(s) exactly as you wish to be recognized.

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Mailing Address

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Daytime Phone Number with Area Code

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This gift is **in memory of** **in honor of**

Name of Recognized Person

Please notify the following individual that this gift has been made (the amount will not be disclosed unless otherwise requested):

Name(s)

Mailing Address

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To donate securely online visit www.umhtx.org/donate

**For special arrangements or questions please contact
Susan Rios at 830.278.6251 ext. 1037**

Please mail or fax your completed form to:
Uvalde Memorial Hospital

1025 Garner Field Road Uvalde, Texas 78801

830-278-6251 Fax 830-278-8529 www.umhtx.org



Thank You For Your Support.