



Yes, I want to support the Morris County Hospital for continued quality health care, facilities, and services. Amount of pledge or donation \$ \_\_\_\_\_

This gift is a tribute--

In memory of (name of person) \_\_\_\_\_

In honor of (name of person or special occasion) \_\_\_\_\_

Please send acknowledgement to:

Name \_\_\_\_\_

Address \_\_\_\_\_

**Form of payment**

Check \_\_\_\_\_

(Please make check payable to Morris County Hospital Foundation)

Visa \_\_\_\_\_

Master Card \_\_\_\_\_

Discover \_\_\_\_\_

\_\_\_\_\_ Card Number

\_\_\_\_\_ Expiration Date

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

**Estate Planning:**

\_\_\_ I have included Morris County Hospital Foundation in my estate plans.

\_\_\_ I would like information regarding planned giving

\_\_\_ My Will

\_\_\_ Charitable Remainder Trusts

\_\_\_ Pension Plan/IRA

\_\_\_ Giving Through Annuities

For more information please contact the Morris County Hospital Foundation (620)-767-6811, ext. 148.