KIRBY HOSPITAL Foundation | *Contribution Form*

If you would like to mail a gift instead of giving online, please complete this form, print and send with your contribution to:

The Kirby Hospital Foundation
1111 N. State Street
Monticello, IL 61856

*** Required Information**	
* Date	
* Name of contributor(s)	
* Address	
* City / State / ZIP	
* Telephone	
E-mail	
* Enclosed is my gift of:	☐ $10 ☐ $25 ☐ $50 ☐ $100 ☐ $250 ☐ $500 ☐ $1,000 ☐ Other $_____
* Method of payment:	☐ Check enclosed ☐ Credit card
Credit card type:	☐ Visa ☐ MasterCard ☐ Discover
	Number: Expiration date: _____ / _____
	Name as it appears on card:
	Cardholder signature:

*** Please apply my donation to the following (choose one)**		
☐ Where need is the greatest	☐ Replacement Hospital Project	☐ Gardens
☐ Charity care programs	☐ Other (specify)	

Memorial and tributes (optional)	
This gift is made in memory of:	
and / or	
This gift is made in honor of:	

A notification of your memorial or tribute gift will be sent promptly to the person listed below. The gift amount will not be indicated.

Name	
Address	
City / State / ZIP	

We welcome comments about your gift and your inspiration to give.

The Kirby Hospital Foundation is a nonprofit 501(c)(3) charitable organization, and contributions are tax-deductible to the extent allowed by law. For more information, please contact the Kirby Hospital Foundation at (217) 762-6282.