



Donation Form

Enclosed is my gift of \$ _____ to the WellStar Foundation.

This gift is made by:

Individual

Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____ Business Phone: _____
Email: _____

Company:

Company: _____
Contact Name & Title: _____
Address: _____
City, State, Zip: _____
Business Phone: _____ Email: _____

Please acknowledge my gift to:

Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____ Business Phone: _____

___ This gift is in honor/memory of _____

___ Please contact me regarding my employer's Matching Gifts Program.

Method of payment:

Cash *Check #* _____ (Please make checks payable to the WellStar Foundation)

Charge ___ Master Card ___ Visa ___ American Express

Card # _____ Exp. _____

Signature: _____

Please mail this completed form to:

WellStar Foundation
2000 South Park Place
Atlanta, Georgia 30339
or FAX it to 770.937.4217

For additional information, please call 770.956.6670

Thank you for your gift!

The WellStar Foundation is a 501(c)(3) organization and all gifts are tax deductible.
Our Tax ID number is 58-1627413.