

Vidant North Hospital Development Council
250 Smith Church Road
Roanoke Rapids, North Carolina 27870
(252) 535-8476
Tax ID # 20-0777374



DONOR INFORMATION

Name: _____ Company: _____

Please acknowledge my donation in printed materials as: _____

This donation should be listed as **ANONYMOUS** (Please provide contact information below so that the Development Manager can appropriately acknowledge the gift and provide a letter for tax purposes. Anonymous gifts will be held in strictest confidence and will remain anonymous for recognition purposes.)

Mailing Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

GIFT OPTIONS

I pledge a gift in the amount of \$_____.

Check: Please make your check payable to **Vidant North Hospital Development Council** and return it to the address above.

Credit Card: Please charge my gift to my: (circle one) **MC VISA AMEX DISCOVER**

Account Number: _____ Exp. Date: _____

Signature: _____ CVV Number: _____

Optional:

My employer will match this gift. Enclosed is my matching gift form.

My gift is: In Memory of: _____ In Honor of: _____

Send Notification to: _____

IN-KIND DONATIONS

Item (description) _____ / \$_____ (value)

Service (description) _____ / \$_____ (value)

Fundraiser Donation Notes: _____

DONATION PURPOSE

Vidant North Hospital Greatest Need

Other _____

Thank you for your support!

Vidant North Hospital Development Council is an affiliate of the Vidant Health Foundation.
Your Donation to this 501(c)3 organization is tax deductible as allowed by law.