Thank you for supporting the mission of the Frontier Health Foundation!

Donation Form

DONOR INFORMATION

Donor Name ______________________________

Address ______________________________

City, State, Zip ______________________________

Preferred Phone ______________________ ☐ Home ☐ Work ☐ Cell

Preferred Email ______________________________

Recognition Listing Name ______________________________ ☐ Anonymous

(Optional) Donation is made ☐ In honor of ☐ In memory of or ☐ On the occasion of ______________

Send acknowledgment to: ______________________________

(Name/Address/Email) ______________________________

DONATION INFORMATION

Donation Amount $______________ Date Received __________ ☐ This is a payment on a previous pledge.

Form of Payment

_____Cash

_____Check
#__________
(payable to Frontier Health)

_____ Visa _____ Master Card _____ American Express _____ Discover

Credit Card # ______________________________Exp. Date ___/___

Name on Credit Card ______________________________

CVN *(3-digit code on back of card. AmEx: 4-digit code on front)* ___________

Cardholder Signature ______________________________

Billing Address *(if different from above)*______________________________

DONATION DESIGNATION

Please designate my donation/pledge for use in the following area(s): *(If more than one, donation will be evenly split.)*

☐ Frontier Health Area of Greatest Need *(Foundation/America undesignated)*
☐ Endowment *(securing Frontier Health's future through philanthropy)*
☐ Planned Giving/Bequest
☐ Planned Giving/Bequest

If additional special designation is requested, list here: ______________________________

Donor Signature ______________________________

Staff Information Only

Donation received by: ______________________________Date Received:______________________________

Processing Instructions

1. ***Deposit cash/check*** with your location's daily deposit. Include a copy of this form in deposit information to Frontier Health Foundation.
2. ***Email*** a scan of the donation, this form, and deposit information to foundation@frontierhealth.org.
3. If this is your ***first time depositing a donation*** or you have ***questions***, contact Foundation director at ***foundation@frontierhealth.org.***