



Complete and mail form to: Mon Health Foundation
1200 JD Anderson Drive
Morgantown, WV 26505

Name: \_\_\_\_\_ Signature: \_\_\_\_\_
Please Print

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email and/or Phone: \_\_\_\_\_

I would like my gift to support \_\_\_\_\_
Department or Fund

Apply my gift where it is needed most.

Enclosed is my check for \$ \_\_\_\_\_ (Payable to: Mon Health Foundation)

Charge my credit card: Visa MasterCard Discover AmEx

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

I would like to make a pledge:

I will contribute \$ \_\_\_\_\_ each (select one): Year Quarter Month

For the next \_\_\_\_\_ year(s) for a total of \$ \_\_\_\_\_

I will make the first payment in \_\_\_\_\_
month year

I would like my gift to be: In Memory of \_\_\_\_\_

In Honor of \_\_\_\_\_

Please send me information on the Tree of Life

I would like my gift to remain anonymous.