



**COASTAL MISSISSIPPI
HEALTHCARE FUND, INC**
A Charity Affiliated with Singing River Hospital System

Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
E-Mail	

Pledge Information

I (we) pledge a total of \$_____ to be paid:
____ now ____ monthly ____ quarterly ____ yearly.

I (we) plan to make this contribution in the form of:
____ cash ____ check ____ payroll deduction (SRHS employees only) ____ other.

I am authorizing Singing River Hospital System to withdraw \$_____ each pay period for one year.

Employee Number: _____ Social Security Number: _____

Credit Card Information:

() Mastercard () Visa () American Express

Name on Credit Card: _____

Credit Card Number: _____ Expiration Date: _____

Memorial Information

Please notify the following person(s) of my memorial gift: (include the name and address) _____
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____ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please note that 100% of your contributions are tax-deductible as provided for by law. A receipt will be mailed to you.

Please make checks payable to: Coastal Mississippi Healthcare Fund, Inc
2101 Highway 90
Gautier, MS 39553