



Memorial or Tribute

Please accept this gift of \$ _____ to Dorminy Medical Center Foundation

In Honor of: Please send acknowledgement of this gift to: (name and address)

In Memory of: Please send acknowledgement of this gift to: (name and address)

Please designate my gift to the following:

- Area of greatest need
 ER/Trauma
 Silver Lights Care Center (Geri-psych)
 Oncology
 Rehabilitation (PT, OT & Speech)
 OR/Outpatient Surgery
 Labor & Delivery
 Other (please specify) _____

I wish to be listed as: Mr. and Mrs. Mr. Mrs. Ms. Dr.

Name _____

Address _____

City _____

State _____ Zip _____

Daytime Phone _____ Evening Phone _____

Email: _____

Amount of Gift: \$ _____

Please make check payable to:

Dorminy Medical Center Foundation
P.O. Box 1447
Fitzgerald, GA 31750

Please call Holley Lee at Dorminy Medical Center at (229) 424-7107 if you have any questions or need additional information. FAX 229-424-7281