



**Floyd Memorial Foundation  
Donor Information Form**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

**Donation Amount:**

\_\_\_\_\_ \$50 \_\_\_\_\_ \$100 \_\_\_\_\_ \$250 \_\_\_\_\_ \$500 \_\_\_\_\_ \$750 \_\_\_\_\_ \$1,000

\_\_\_\_\_ \$2,500 \_\_\_\_\_ \$5,000 \_\_\_\_\_ \$10,000 \_\_\_\_\_ Other

Payment: \_\_\_\_\_ Cash \_\_\_\_\_ Check made payable to the Floyd Memorial Foundation

\_\_\_\_\_ Credit Card No.: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature: \_\_\_\_\_

**Designate Your Donation (please check):**

**Service Lines**

**Focus Projects**

\_\_\_\_\_ General – Where the need is greatest

\_\_\_\_\_ Cardio Catheterization Lab 3

\_\_\_\_\_ Cancer Center

\_\_\_\_\_ Simulation Lab

\_\_\_\_\_ Women’s Services

\_\_\_\_\_ Food & Nutrition Room Service

\_\_\_\_\_ Cardiology

\_\_\_\_\_ A.S.S.I.S.T.

\_\_\_\_\_ Name your service line of interest for a donation of \$1,000 or more

Service line: \_\_\_\_\_

\_\_\_\_\_ Please send me Naming Opportunity Information

Please submit this completed form to the Floyd Memorial Foundation office to the attention of  
Emily Byrd via e-mail at [emily.byrd@fmhhs.com](mailto:emily.byrd@fmhhs.com), fax (812) 948-7685 or via mail to  
Floyd Memorial Foundation, 1850 State Street, New Albany, IN 47150

*Thank you for your contribution to the Floyd Memorial Foundation. Your donation will help support the Foundation mission to provide support to Floyd Memorial Hospital and Southern Indiana healthcare organizations to enhance the quality of care provided to our community. The Foundation will send you a tax receipt for your donation at the close of the calendar year.*