



**Please print and complete this form to send with your donation.**

**Donor Information**

Preferred Title (circle one): Dr. Mr. Mrs. Ms. Miss Other \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

*If your donation is a business or corporate gift, please complete this section. If not, skip to Address:*

**Company Information**

Company Name: \_\_\_\_\_

Company Contact: \_\_\_\_\_

Title: \_\_\_\_\_

**Address**

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Recognition Preference**

Please list my (our) name in donor recognition materials as:

\_\_\_\_\_

**Gift Information**

I would like to make a gift in the amount of \$ \_\_\_\_\_

I would like my gift to benefit (check one):  
 The hospital's most pressing needs  
 Other \_\_\_\_\_

## Method of Payment

I have enclosed a check in the amount of \$ \_\_\_\_\_

*Please make check payable to **Jess Parrish Medical Foundation***

Visa       MasterCard       American Express

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

## Honor/Memorial Giving

*Select one:*

I would like to dedicate my gift in **memory** of \_\_\_\_\_

I would like to dedicate my gift in **honor** of \_\_\_\_\_

Please send notification of my gift to:

Preferred Title (circle one): Dr. Mr. Mrs. Ms. Miss Other \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

**Please mail completed form along with your gift to:**

Jess Parrish Medical Foundation  
213 Broad Street  
P.O. Box 2969  
Titusville, FL 32781-2969

**Or fax to:** 321-268-9658

**For more information or if you have any questions, please contact:**

Jess Parrish Medical Foundation at 321-269-4066