



General Donation Form

I would like to make a donation to Lake Health Foundation in the amount of \$: _____

Name (as you wish it to appear in print): _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

Methods of Payment:

- Cash
- Check payable to **Lake Health Foundation**
- Credit Card: (please select one)
 - Visa
 - Mastercard
 - Discover
 - American Express

Account #: _____ Exp. Date: _____

Signature: _____ Date: _____ Sec. Code: _____

Please direct my contribution to:

- Behavioral Health
- Breast Health
- Community Care
- General Endowment
- Growth and Enhancement (used where needed most)
- Obstetrics
- Sexual Assault Nurse Examiner (SANE) Program
- Other: _____

In Tribute of: _____

Please notify the following person about my gift:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Send this completed form to:

Lake Health Foundation
7590 Auburn Road, Concord Township, Ohio 44077
Fax: 440-354-1930

Thank you! Your donation helps Lake Health remain strong and independent. Please call the Foundation office at 440-354-1900 if you have any questions.