



We get it.

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 circle one)
 Visa MasterCard Discover American Express

Account #: _____ Exp. Date: _____

Signature: _____ Date: _____ Sec Code: _____

Please direct my contribution to:

- Growth and Enhancement Fund (used where needed most)
- General Endowment
- In Tribute of _____

Please notify the following person about my gift:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

- Wellness Walk
- Other _____

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.