HCA HOPE FUND

HCA Hope Fund Donation Form | Check/Credit Card/Payroll Deduction

Step 1 | My Information *(Please print)*

☐ HCA Employee ☐ Physician ☐ Volunteer ☐ Patient
☐ Medical Staff ☐ Vendor ☐ Volunteer Auxiliary ☐ Other_____

Last Name First Name Middle Initial

Position/Title

Address

City State ZIP Code

E-mail Address Phone Number

HCA Facility Name (if applicable) Facility City and State

Step 2 | My Pledge

☐ **Payroll Deduction** *(Employee only — continues until you stop/change your pledge)*
Social Security Number: _____

☐ $19.25 each pay period* ☐ $10 each pay period ☐ $2 each pay period ☐ Other_____

*If you give $19.25 each pay period ($500 per year), you will be recognized as part of our Leadership Circle.

☐ **Check** *(Make check payable to HCA Hope Fund)*
☐ Amount of donation $ _____.

☐ **Credit Card** *(Visa/MasterCard only)*
Make a credit card donation on our secure site at **www.hcahopefund.org**.

Step 3 | My Tribute *(Only available for check and credit card gifts)*

This gift is: ☐ in memory of _____ ☐ in honor of _____

Please send an acknowledgment to: _____
Name

_____
Address

Step 4 | My Recognition (*Only available for check and credit card gifts)*

☐ Check here if you wish to remain anonymous in all HCA Hope Fund publications and materials.

Step 5 | Sign & Return

_____
Signature Date

Please return this form to: HCA Hope Fund, P.O. Box 440252, Nashville, TN 37214

Revised July 2008