HCA HOPE FUND

# HCA Hope Fund Donation Form

## Step 1 | My Information

This form should be used by individuals who are **not** HCA employees.

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

Last Name First Name Middle Initial

Address

City State ZIP Code

E-mail Address Phone Number

HCA Facility Name (if applicable) City and State

## Step 2 | My Donation

*(Note: The most secure and accurate way to make a donation is online at* **www.hcahopefund.org***.)*

☐ Check (Make check payable to HCA Hope Fund.)
Amount of donation $ _____
*Leadership Circle is composed of donors who contribute $500+ annually. Gifts of $500 are matched dollar for dollar.*

## Step 3 | My Tribute

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

Please send an acknowledgment to: _____
Name

_____
Address

## Step 4 | My Recognition

☐ 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 37244

*Thank you!*