



Donation Form

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

EMAIL: _____

AMOUNT OF CONTRIBUTION: \$ _____

GIFT DESIGNATION:

- Where the need is greatest
- Cancer Care
- Nursing Excellence
- Heart & Vascular Care
- Women & Children
- Other area of interest: _____

In Memory of: _____

In Honor of: _____

If you would like the family to be notified of your gift (excluding the dollar amount), please write the name and complete mailing address below:

Make check payable to:
Rex Healthcare Foundation
2500 Blue Ridge Road, Suite 325
Raleigh, NC 27607

If you prefer to use your credit card, visit us online at <https://rexhealthcarefoundation.com>
Questions? Call the Foundation office at (919)784-4424.