

Donation Form



(Please print clearly)

Name _____

Donor to be acknowledged if different from above _____

Address _____

City, State, Zip _____

Telephone _____ Fax _____ Email _____

DONATION INFORMATION

- Please direct my gift to the PURE Integrated Health Services Foundation.
- Please use my gift to support the following area of service or area in the Maryland: _____

MODE OF TRANSMITTAL

- I am giving cash in the amount of \$ _____
- I am enclosing a check payable to PURE Integrated Health Services Foundation in the amount of \$ _____
- I would like to donate _____, please contact me.

- Check here if you would prefer that your donation be anonymous.

Send acknowledgement of contribution in honor of _____ to:

Name: _____

Address: _____

City, State, Zip: _____

WAIVER

I understand that my contribution gift to PURE becomes the property of PURE and that PURE has ultimate control, authority and discretion with regard to its assets. All scholarships made or programs created by PURE are in its sole and independent discretion.

Signature _____ Date _____

Please make copies of this form as needed. Mail this form with your contribution gift to:
PURE Integrated Health Services Foundation , PO Box 1112, Eldersburg, MD 21784

Upon receipt of your donation and completed donation form, you will be sent an acknowledgement letter and official receipt in the mail to be used for tax purposes. Thank you