



**Donate Now**

**Make a Gift**

Thank you for your support of Walla Walla General Hospital's philanthropy supported programs.

You can make your gift with a check, print off a copy of this form and send it to Walla Walla General Hospital Foundation. Please make your check payable to Walla Walla General Hospital.

115 W. Main St.  
Walla Walla, WA 99362

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Donation Amount**

I would like to donate the following amount: \_\_\_\_\_

**Donation Designation**

My gift should be applied to the following programs:

- Unrestricted, please apply this gift where the need is greatest
- Benevolent Fund
- Health Education
- Hospital upgrades and renovations
- Medical Staff Recruitment
- Other

If other please specify: \_\_\_\_\_

- Please disperse my funds equally between the programs I've selected
- I wish for my gift to remain confidential

**Optional—I would like my gift to be:**

In memory of: \_\_\_\_\_

In honor of: \_\_\_\_\_

In celebration of: \_\_\_\_\_

Address Acknowledgement to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

If applicable, please add the name and address of the person you would like an acknowledgement letter sent to in the space provided above.

If charging your donation to a credit card, please fill in additional information below.

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Card Type

- Mastercard
- Visa
- American Express
- Discover

Card Number \_\_\_\_\_

Exp. Month \_\_\_\_\_/\_\_\_\_\_ (mm/yyyy)

Please call WWGH Foundation at 509-527-8303 if you have any questions regarding this form.

Comments: \_\_\_\_\_

\_\_\_\_\_

