



PLEASE CHOOSE FROM THE OPTIONS BELOW AND MAIL TO:

Mon Health Foundation
1200 JD Anderson Drive
Morgantown, WV 26505

Name: _____ Signature: _____
Please Print

Address: _____

City: _____ State: _____ Zip: _____

Email and/or Phone: _____

I would like my gift to support _____
Department or Fund

Apply my gift where it is needed most.

Enclosed is my check for \$ _____. (Payable to: Mon Health Foundation)

Charge my credit card: [] Visa [] MasterCard [] Discover [] AmEx

Card #: _____

Expiration Date: _____ Security Code: _____ Billing Zip Code: _____

I would like to make a pledge.

I will contribute \$_____ each (select one): [] Year [] Quarter [] Month

For the next _____ years for a total of \$_____.

I will make the first payment in _____ month 20_____ year

I would like my gift to be [] In Memory of _____

[] In Honor of _____

Please send me information on the Tree of Life