



GILA REGIONAL
Foundation

GRMC FOUNDATION CONTRIBUTION FORM

I wish to make a tax-deductible donation in the amount of \$_____ to support the following GRMC Foundation fundraising category:

- ☐ Scholarships - aids students who are pursuing an education in healthcare.
- ☐ Capital Projects - supplemental funding for hospital construction and infrastructure.
- ☐ Patient Programs - target specific department needs and operations.
- ☐ Patient Equipment - purchase hardware that will improve patient care.
- ☐ General Fund - non-designated funds available for the Board of Directors to designate to areas of greatest need.

NAME

PHONE #

MAILING ADDRESS / CITY / STATE / ZIP CODE

IN HONOR OF _____

IN MEMORY OF _____

PAYMENT: ☐ CHECK ENCLOSED ☐ PAY USING PAYPAL (PAYPAL ID: GRMCFFOUNDATION@GMAIL.COM)



PLEASE MAKE YOUR PAYMENT PAYABLE TO "GILA REGIONAL MEDICAL CENTER FOUNDATION" AND MAIL WITH THIS FORM TO GILA REGIONAL MEDICAL CENTER FOUNDATION (PO BOX 857 SILVER CITY, NM 88061)

DONOR SIGNATURE

CLICK HERE TO EMAIL THE FORM TO GILA REGIONAL MEDICAL CENTER FOUNDATION (foundation@grmc.org)