

## East Alabama Medical Center Original Art Card Donation Form

**Donation Amount:**     \$\_\_\_\_\_ (minimum of \$25)

**Donor Information:**

Title:\_\_\_\_\_ First Name:\_\_\_\_\_ Last Name:\_\_\_\_\_

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

City:\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_

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

**Please send a card to honor the following:**

Title:\_\_\_\_\_ First Name:\_\_\_\_\_ Last Name:\_\_\_\_\_

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

City:\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_

**Please designate my gift to:**

- |  |   |
|--|---|
| <input type="checkbox"/> Area of greatest need               | <input type="checkbox"/> Alzheimer's/Dementia Care              |
| <input type="checkbox"/> Breast Health for Underserved Women | <input type="checkbox"/> The Cancer Center                      |
| <input type="checkbox"/> Cardiology                          | <input type="checkbox"/> Colorectal Screening                   |
| <input type="checkbox"/> The Diabetes and Nutrition Center   | <input type="checkbox"/> EAMC Foundation Endowment              |
| <input type="checkbox"/> HealthPlus Fitness Scholarships     | <input type="checkbox"/> EAMC Mother/Baby Unit                  |
| <input type="checkbox"/> Parish Nurse Program                | <input type="checkbox"/> Patient Crisis Fund                    |
| <input type="checkbox"/> Prenatal Clinic                     | <input type="checkbox"/> Prostate Screening for Underserved Men |
| <input type="checkbox"/> EAMC Technology Fund                | <input type="checkbox"/> Unity Wellness                         |
| <input type="checkbox"/> Other:_____                         |   |

**Payment Information:**

Cash Enclosed:\_\_\_\_\_ Check #:\_\_\_\_\_

Credit Card Type (Circle one):    Visa    MasterCard    American Express    Discover

Cardholder's Name:\_\_\_\_\_

Credit Card Number:\_\_\_\_\_ Exp. Date:\_\_\_\_\_

*Please mail this form to: EAMC Foundation  
2000 Pepperell Parkway  
Opelika, AL 36801*

*Phone: 334-528-5868  
Fax: 334-528-1347  
Email: [foundation@eamc.org](mailto:foundation@eamc.org)*