PHOEBE FOUNDATION

410 Fifth Avenue
Albany, Georgia 31701
229-312-4483
www.supportphoebe.org

Please accept my donation to Phoebe Foundation, Inc.

_____ $25	_____ $250
_____ $50	_____ $500
_____ $100	_____ Other

The following contribution is enclosed: $_____

_____ Check is enclosed

Please make check payable to Phoebe Foundation, or

_____ Charge my credit card

☐ VISA ☐ MasterCard ☐ AMEX ☐ Discover

_____
Card Number

_____
Expiration Date

_____
Signature

☐Willson Hospice House Campaign ☐Cancer Services
☐Children's Services ☐Heart Services
☐Unrestricted ☐Other_____

Please print your name(s) exactly as you wish for recognition purposes.

_____
Name

_____
Address

_____
City State Zip

_____
Phone Email

This gift is ☐In honor of ☐In memory of:

_____
Name

Please notify the following that this gift has been made:

_____
Name

_____
Address

_____
City State Zip

Please mail your completed form to:
Phoebe Foundation
410 Fifth Avenue
Albany, GA 31701

Thank you for helping Phoebe Putney Memorial Hospital continue to fulfill its mission to improve the health of our community.