TITUS REGIONAL MEDICAL FOUNDATION

We/I would like to make a donation to the Titus Regional Medical Foundation

____ In Memory of (Name) _____

____ In Honor of (Name)_____

Please send an acknowledgement to :

Name:_____

Address:_____

City, State, Zip:_____

My gift will benefit:

____ Patty and Bo Pilgrim

____Room Renovation/ Naming

____Children's waiting area

____Future Foundation initiatives

Donor's Name:_____

Address:_____

City, State, Zip:_____
____ I/We wish to remain anonymous

Amount of Donation$_____

Please make checks payable to Titus Regional Medical Foundation

Mail form and check to: **Titus Regional Medical Center**
P.O. Box 289
Mt.Pleasant TX, 75455