

DONATION FORM



DONOR INFORMATION

NAME

COMPANY

PHONE

EMAIL

ADDRESS

DONATION AMOUNT

\$25 \$50 \$100 \$250 \$500 Other \$

PAYMENT INFORMATION

Check Payable to:
Johnson County Healthcare Foundation

Donation Note

Credit Card

Card Type

Cardholder Name

Expiration

Card Number

CVC/CVV Billing Zipcode

REMIT TO:

ACCOUNTS PAYABLE
497 W. Lott St., Buffalo WY,
AccountsPayable@jchealthcare.com