



MCHF Nursing Scholarship Luncheon Sponsor Form

Contact Name:
Contact Phone:

Sponsor Information (Please Print)

CONTACT NAME:
MAILING ADDRESS:
CITY:
STATE:
ZIP CODE:
E-MAIL:
PHONE:
ALT PHONE:
FAX:
ALT CONTACT NAME & NUMBER

Sponsor Level (Please Check)

Florence Nightingale (\$1,500)	Clara Barton (\$1,000)
OTHER AMOUNT:	OTHER DESCRIPTION:

Desired Payment (Please Check)

CASH	CHECK	INVOICE ME	CREDIT CARD
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Credit Card Info:

Name on Card	Card #	Exp	CCS#
Billing Address	City	State	Zip

Acknowledgements:

<input type="checkbox"/>	I/We wish to have our gift remain anonymous (or)
<input type="checkbox"/>	Please use the following name(s) in all acknowledgements:

SIGNATURE	DATE
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Please make checks, corporate matches, or other gifts payable to:
 Moore County Health Foundation, PO Box 782, Dumas, TX, 79029, phone (806) 934-7852, e-mail mchf@mchd.net, Tax ID #75-2687992

The Moore County Health Foundation thanks you for your support!