

2026 HEALTHCARE SCHOLARSHIP LUNCHEON



MCHF Scholarship Luncheon Sponsor Form

Sponsor Information (Please Print)

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Sponsor Level (Please Check)

Florence Nightingale (\$1,500)	<input type="checkbox"/>	Clara Barton (\$1,000)	<input type="checkbox"/>	Mary Ferris (\$500)	<input type="checkbox"/>	Rob Bates (\$250)	<input type="checkbox"/>
OTHER AMOUNT:	OTHER DESCRIPTION						

Desired Payment (Please Check)

CASH	<input type="checkbox"/>	CHECK	<input type="checkbox"/>	INVOICE ME	<input type="checkbox"/>	CREDIT CARD	<input type="checkbox"/>
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Credit Card Info:

Name on Card	Card #	Exp	CCS#
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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) 934-7811, e-mail mchf@mchd.net, Tax ID #75-2687992

The Moore County Health Foundation thanks you for your support!