

Yes! I would like to bring peace and comfort to someone in need by making a contribution to the AnMed Health Lifeline Fund.

Please accept my gift of:

- \$36 \$108
- \$54 \$216
- \$72 Other \$ _____

* A minimum gift of \$15 is required to send an acknowledgement card.

Method of Payment:

- Check
- Credit Card (complete information below)

 YOUR NAME

 ADDRESS

 CITY/STATE/ZIP

Please make check payable to: AnMed Health Foundation
 800 North Fant Street • Anderson, SC 29621

Give online at: www.anmedhealth.org/ourfoundation
 Click on "Donate Now" • Call: 864-512-3477

On this form or on a separate sheet of paper, please provide the names and addresses of the individuals you wish to recognize with your gift. In the case of memorials, we will send a card to the person you wish to receive the acknowledgement. Please limit acknowledgements to 2 per \$36 gift.

If you have questions about Lights for Lifeline, please call the AnMed Health Foundation at 864-512-3477.

Print legibly and provide complete names and addresses for acknowledgements.

Credit Card Information:

- 
- 
- 

\$ _____
 AMOUNT

 CREDIT CARD NUMBER

 EXP. DATE

 NAME ON CARD

 CARDHOLDER'S SIGNATURE

Your gift is tax deductible.

I am making this *Lights for Lifeline* gift (check one):

- In Honor Of
- In Memory Of

 MR./MRS./MS.

 PLEASE SEND ACKNOWLEDGEMENT TO: NAME

 ADDRESS

 CITY STATE ZIP

- Please send me information on how I may leave AnMed Health Foundation in my Will.
- Please contact me about an endowment for the Lifeline Fund.
- Please add me to your e-mail list.

 E-MAIL ADDRESS: