



# Oswego Health Foundation

## DONATION FORM

### ***Your Information:***

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

### ***Billing Information:***

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### ***Credit Card Information:***

Card Type: (please circle one)    Visa    Mastercard    Amex    Discover

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Donation Amount \_\_\_\_\_

### ***I want my gift to support:***

\_\_\_\_ Annual Fulton (includes Holiday Fund, Founders and 21st Century Club giving)

\_\_\_\_ In memory / honor of \_\_\_\_\_

\_\_\_\_ Greatest Need

### ***Please Return Form to:***

**Oswego Health Foundation**  
**110 West Sixth St.,**  
**Oswego, New York 13126**