



Foundation Donation Form
Please Do Not Staple Checks to this form

Name of Individual Completing Form: _____

Phone # _____ Office location: _____

_____ The enclosed gift is in the amount of

\$ _____

Gift made by (Please Circle): Mr. Mrs. Ms. _____

Street Address: _____

City, State, Zip: _____

Method of Payment: Check# _____ Money Order _____

Gift is (Select one) ____ In Honor of (living) OR ____ In Memory of Mr. Mrs. Ms.

Patient's Date of Death: _____ County of Residence: _____

Survivor Name: (Please Circle) Mr. Mrs. Ms. _____

Survivor's Relationship: (please include) _____

Address: _____

City, State, Zip: _____

Any additional instructions:

Mail Donations to: HPCF * Post Office Box 151 * Drayton * South Carolina * 29333

Telephone: 843.409.7991
Email: info@hpcfoundation.org
www.hpcfoundation.org

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