

## Contact Information

NAME

ADDRESS

CITY

STATE

ZIP

EMAIL

PHONE

- I'm interested in having my story shared in future Frederick Health publications and/or social media.

## Make a Gift

Thank you for sharing your story! Should you also wish to make a gift of gratitude, please complete the form below.

I wish to make a financial gift of \$\_\_\_\_\_ to support:

- Area of Greatest Need  
 Specific Department, Unit or Program:

## Payment Information

- Check Enclosed (Made payable to Frederick Health)  
 Credit Card: Please Charge \$\_\_\_\_\_ to my:  
 Mastercard  Visa  American Express  Discover

ACCOUNT #

CSC CODE

NAME ON CARD

EX. DATE

SIGNATURE

DATE

# Grateful Patient Program

  
Frederick  
Health

**Frederick Health Development Office**  
400 West 7<sup>th</sup> Street, Frederick, MD 21701  
240-566-3478 | [Donate@Frederick.Health](mailto:Donate@Frederick.Health)  
**[FrederickHealth.org/Donate](https://www.frederickhealth.org/donate)**

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