



### Annual Donation Form

**YES!** I/We would like to invest in the UNC Health Rockingham Foundation with a gift of:

- \$5,000
- \$2,500
- \$1,000
- \$500
- \$250
- Other: \$ \_\_\_\_\_

Please designate my gift to support:

- Area of Most Need
- UNC Cancer Care at Rockingham
- UNC Health Rockingham Foundation Endowment
- Patient Assistance
- Compassionate Care Employee Assistance

### DONOR INFORMATION

Please recognize my gift as an  individual  organizational/corporate donation.

Name(s): \_\_\_\_\_

Preferred Name(s): \_\_\_\_\_

Organization/Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

Birthdate(s): \_\_\_\_\_ Email(s): \_\_\_\_\_

Work Phone(s): \_\_\_\_\_ Cell Phone(s): \_\_\_\_\_

### COMMITMENT OPTIONS

*Gifts may be paid in full or in installments prior to June 30, 2025.*

- Single payment on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (month/day/year).
- \_\_\_\_\_ monthly payments of \$ \_\_\_\_\_ starting \_\_\_\_\_ / \_\_\_\_\_ (month/year).
- Multi-year commitment of \$ \_\_\_\_\_ for the next \_\_\_\_\_ years.

### PAYMENT OPTIONS

- Check enclosed (*Please make checks payable to UNC Health Rockingham Foundation*)
- Credit Card
- ACH or stock/securities transfer (*Call 336-627-8510 for more information*)

## CREDIT CARD INFORMATION

*(Credit card gifts may also be made at [uncrockingham.org/foundation](http://uncrockingham.org/foundation))*

**One-time payment**

**Monthly payment**

Amount per month \$ \_\_\_\_\_

Start Date \_\_\_\_ / \_\_\_\_ # of Months \_\_\_\_

*(must begin on the 1<sup>st</sup> or 15<sup>th</sup> of the month)*

Please charge my:  **MasterCard**  **Visa**  **Discover**  **AMEX**

Name as listed on credit card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_

## TRIBUTE INFORMATION

I/We would like to dedicate this gift in  **honor**  **memory** of \_\_\_\_\_,

in recognition of / for \_\_\_\_\_.

**Notification Information for Tribute Gifts** *(gift amounts not disclosed):*

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

## ADDITIONAL INFORMATION

My company, \_\_\_\_\_, will match my gift in the amount of \$\_\_\_\_\_.

I have  **included**  **considered** the UNC Health Rockingham Foundation and/or UNC Health Rockingham in my estate plans.

Please contact me to discuss further planned giving options.

I/We prefer to remain anonymous in any publications.

## RETURN COMPLETED FORMS TO:

**UNC Health Rockingham Foundation**

**117 E. Kings Highway | Eden, NC 27288**

*UNC Health Rockingham Foundation is a 501(c)(3) non-profit organization.  
Gifts to the Foundation are tax-deductible to the extent allowed under Federal Law. Please consult your tax or accounting professional for further guidance.*