



Donation Form

Donor Name: _____ Date: _____

Phone: _____

Address: _____

City, State, Zip: _____

Enclosed is my gift of \$: _____ payable to SGMC Foundation

Please designate my gift for:

- Dasher Heart Center
- Langdale Hospice House (*inpatient facility*)
- Hospice of South Georgia (*home care*)
- Langdale Place (*assisted living facility*)
- Pearlman Cancer Center
- ER Cuddle Bear Program (*provides plush toy for children after hours in ER*)
- Women and Children Services
- Greenleaf (substance abuse facility)
- Neonatal Intensive Care

Please make my gift:

In Memory of: _____

In Honor of: _____

Please send an acknowledgement to:

Name: _____

Relation to the deceased: _____

Address _____

City, State, Zip: _____

For additional information, please call the SGMC Foundation at 229-333-1071.
Mail to: SGMC Foundation, Inc. Office Location in Doctors Office Building
P.O. Box 1727 201 Pendleton Drive, Suite 100
Valdosta, GA 31603 Valdosta, GA 31602