



Donor Commitment Form

Name of Donor: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

Total Commitment Amount: \$ _____

This will be fulfilled as a Single Contribution with payment by _____.

I/We will make installments 2016 \$ _____

2017 \$ _____

2018 \$ _____

Form of Payment: Cash/Check Stock Transfer Other _____

Please make payments to : *MMH Foundation, P.O. Box 860, Madison, GA 30650*

I/We would like to reserve the following Legacy Naming Opportunity:

Signature: _____ Date: _____

**MORGAN
MEMORIAL
HOSPITAL**

Building Now for Our Future.