



Please mail this form and your check to:

Southside Community Hospital
Attention: Kerry Mossler
800 Oak Street
Farmville, VA 23901

Date: _____

Enclosed is my check in the amount of \$ _____ payable to Southside Community Hospital.

My name: _____

Address: _____ Home phone (____) _____

City/State/ZIP _____

Receipt will be sent to the address above.

TYPE OF DONATION (please choose one)

General Donation

Gift in memory of _____
name of deceased

Send acknowledgement card to

Name _____

Address _____

City/State/ZIP _____

How would you like the card to be signed? _____
name or names

Gift in honor of _____
name of individual

Send acknowledgement card to

Name _____

Address _____

City/State/ZIP _____

How would you like the card to be signed? _____
name or names

We thank you for your support.