



To make a Caring Spirit donation please complete this form and return to:

Onslow Memorial Hospital Foundation  
MAIL: 317 Western Blvd. PHONE: (910)577-2651  
Jacksonville, NC 28546 FAX: (910)577-2575  
EMAIL [Leeann.Thomas@onslow.org](mailto:Leeann.Thomas@onslow.org)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Email: \_\_\_\_\_

I wish to make a Caring Spirit gift of  \$25  \$50  \$100  \$ \_\_\_\_\_

Enclosed is my check (payable to Onslow Memorial Hospital Foundation)

I prefer to use my credit card. Please charge my:  VISA  MasterCard

Card #: \_\_\_\_\_ Expiry: \_\_\_\_/\_\_\_\_

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

**Nomination:**

Name of caregiver(s) being honored: \_\_\_\_\_

Department: \_\_\_\_\_

Please disclose my name to my caregiver **OR**  I prefer to remain anonymous

***If you wish to provide a personal message please include a note with your donation. The recipient will be recognized for their service.***

*OMH Foundation is a 501(c)3 charitable nonprofit organization, your contribution is likely to be tax-deductible. We encourage you to verify this with your tax adviser.*

***Thank You For Supporting Onslow Memorial Hospital Foundation!!***