

Will you invest in the **MOMENTUM CAMPAIGN?**

Yes, I want to invest in **Cox Monett.**

Name: _____

Business Name: _____

Address: _____

City/State/Zip: _____

Phone/Email: _____

Signature: _____

I would like to donate \$ _____ to the campaign. My check is enclosed.

Please charge my credit card for my donation of \$ _____.

Visa MasterCard Discover

Number: _____

Expiration: _____ 3-digit security code: _____

Number: _____

I would like to pledge \$ _____ to be made in payments of \$ _____ over ____ years. Please send me a reminder each year in the month of _____.
(Gift can be made over a period of time, up to five years.)

I am a CoxHealth employee and would like to donate via payroll deduction. Please complete address above.

My donation amount: _____

My department: _____

My employee number: _____

Please contact me about a stock gift.

Please contact me about an estate gift.

Donor recognition selected: _____

**Please make your check
to CoxHealth Foundation
and mail it to:**



COXHEALTH FOUNDATION

P.O. Box 8131
Springfield, MO 65890-3118

Phone: 417/269-7150

Fax: 417/269-9599

All donors will be recognized in a special format at Cox Monett. All gifts are fully tax-deductible and a tax receipt will be issued. For more information on commemorative opportunities call Lisa Alexander, President at 417-269-7109 or lisa.alexander@coxhealth.com

www.CoxHealthFoundation.com