



*Please Print All Information Clearly*

Date: \_\_\_\_\_

Enclosed is my check in the amount of \$ \_\_\_\_\_ payable to  
**Georgia Partnership for TeleHealth, Inc.**

My name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Home phone: (\_\_\_\_\_) \_\_\_\_\_ *(Receipt will be sent to the address above.)*

**TYPE OF DONATION (please choose one):**

**General Donation**

**Gift in memory of**

**Gift in honor of**

**Name of Individual:** \_\_\_\_\_  
*(In honor or memory)*

**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. Your contribution is tax-deductible.**

**Please mail this form along with your check to:  
Georgia Partnership for TeleHealth, Inc.  
1718 Reynolds Street, Ste. 100  
Waycross, GA 31501  
912.285.0902**