Norman Regional
HEALTH FOUNDATION

P.O. Box 1665, Norman, OK 73070 - 405/307-1077 - nrhfoundation@nrh-ok.com

Yes! I want to make life-saving and life-changing programs and services possible!

☐ $1,000 ☐ $500 ☐ $250 ☐ $100 ☐ $50 ☐ $25 ☐ Other _____

My check made out to NRH Foundation is enclosed.

_____

Name Address City State Zip Code

I wish to charge my gift: $_____to ( ) VISA ( ) Master Card Account #_____

Expiration date:_____ Signature as it appears on credit card:_____

My gift is made: ☐ for Area of greatest need ☐ In Memory of ☐ In Honor of:

_____

Please Acknowledge: _____

Name Address City State Zip Code

Your contribution is tax-deductible to the full extent allowed by law. Thank You!

☐ Please send me information about becoming a member of *The Legacy Society.*