

Pledge Form

PIKEVILLE
MEDICAL CENTER

TEAM **EAST KY** ★
Together. We Give.

Donor Information (Please Print)

NAME (LAST, FIRST, M.I.)	BUSINESS NAME (IF APPLICABLE)
STREET ADDRESS	EMAIL
CITY, STATE, ZIP	PHONE
COMMENTS	WEBSITE

I (we) pledge a total of: _____ Paid in Full

Donation Description (Please Print)

CHECK ONE: <input type="checkbox"/> Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Cash	AMOUNT: \$ _____
NAME ON CARD: _____	DATE _____
CARD NUMBER: _____	EXP: _____ CCV: _____
BILLING ADDRESS: _____	CITY: _____ STATE _____ ZIP _____

The PMC Foundation is the philanthropic arm of Pikeville Medical Center, Inc., a not-for-profit, 348-bed regional healthcare organization serving the heart of central Appalachia. Our sole function is to support and promote Pikeville Medical Center's mission to advance the health and well-being of our region through comprehensive care in a Christian environment.

PMC Foundation is waiving all fees for administering the Team East Kentucky Flood Relief Fund. However, please be advised that transactions involving credit cards may be subject to fees assessed by your issuing bank or payment network. General Disclaimer/Privacy Policy: The Internal Revenue Service recognizes the Pikeville Medical Center Foundation for Quality Healthcare, Inc., as a Section 501(c)(3) public charity. Our Federal Tax ID Number is 47-2020718. Contributions to PMC Foundation may be eligible for a tax deduction in the United States. Please consult your tax advisor for eligibility. No goods or services were offered or provided in exchange for this contribution. By making a donation, you will be asked to provide personal information which may be able to be used to contact or identify you. Contact us for our Privacy Policy.

PMC Foundation

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