

Donation Form



Donor Information

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

Donation Description

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

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 of providing world-class, quality healthcare in a Christian environment.

Contact Information

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