



Donation Form

Thank you for your desire to help hospital employees impacted by the recent tornadoes. Please use this form to mail or fax your donation. If you have questions, contact Shawn Rossi at (800) 289-8884, (601) 368-3237 or srossi@mhanet.org.

Mail or fax your completed form along with donation to:

MHA Cares Fund
P.O. Box 1909
Madison, MS 39130-1909

Fax to (601) 368-3200. You may also phone in credit card donations to Laura Kuhn at (800) 289-8884 or (601) 368-3242.

Donor Information

Name _____

Address _____

Phone _____ Email _____

Donation

Donation amount: \$ _____

My check is enclosed.

Please charge my credit card.

Card number _____ Exp. Date _____

Name of cardholder _____

Safety Code _____ Signature _____