



GWINNETT MEDICAL CENTER
FOUNDATION

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Donor Name: _____

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Enclosed is my gift of \$ _____.

Charge my gift of \$ _____.

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Signature

Please specify where you would like your donation to be used:

- | | |
|--|--|
| <input type="radio"/> Cancer Care | <input type="radio"/> Lights of Love |
| <input type="radio"/> Cardiovascular Services | <input type="radio"/> Mason Children's Clinic |
| <input type="radio"/> Children's Services | <input type="radio"/> Neonatal Intensive Care Unit |
| <input type="radio"/> Glancy Rehab | <input type="radio"/> Sports Medicine Program |
| <input type="radio"/> GMC-Duluth | <input type="radio"/> Trauma Services |
| <input type="radio"/> Gwinnett Extended Care Center | <input type="radio"/> Unrestricted |
| <input type="radio"/> Gwinnett Medical Center – Duluth | |

Please make my gift

In Memory of: _____

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