



**CHESAPEAKE REGIONAL  
HEALTH FOUNDATION**

**MEMORIAL OR HONORARIUM DONATIONS**

**Donor's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

*This donation is made **in memory of** \_\_\_\_\_.*

*or*

*This donation is made **in honor of** \_\_\_\_\_.*

**Please notify the following of this gift:**

*Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*City/State/Zip:* \_\_\_\_\_

\_\_\_ My check for \$\_\_\_\_\_ is enclosed, made payable to **Chesapeake Regional Health Foundation**.

\_\_\_ Bill \$\_\_\_\_\_ to my credit card (circle one):    VISA        MasterCard        Discover

Cardholder's Name: \_\_\_\_\_

Cardholder's Billing Address (required): \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ Security code: \_\_\_\_\_

**Unless noted below, please use my gift for broader support of Chesapeake Regional Medical Center:**

\_\_\_ Chesapeake Regional Home Care Services (includes hospice)

\_\_\_ Nursing Scholarships

\_\_\_ Chesapeake Regional Medical Center Endowment

\_\_\_ Sidney M. Oman Cancer Treatment Center

\_\_\_ Emergency Services

\_\_\_ Patient Assistance/Benevolence

\_\_\_ Mother/Baby Unit

\_\_\_ Women's Health Services

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**Mail to:** Chesapeake Regional Health Foundation, 736 Battlefield Boulevard, North, Chesapeake, VA 23320  
Questions? Call the Office of Fund Development at (757) 312-6314.

Chesapeake General Hospital Healthcare Foundation, DBA Chesapeake Regional Health Foundation, is a 501(c)(3) nonprofit organization, Tax ID# 54-1693739. The mission of the Chesapeake Regional Health Foundation is to support Chesapeake Regional Medical Center by helping it respond to the evolving healthcare needs of the community.