



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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Amount of Gift: \$ \_\_\_\_\_

Gift Designation: \_\_\_\_\_

Note: \_\_\_\_\_

\_\_\_\_\_

**\*\*Please remember to make checks payable to Oakhurst Medical Center & and reference your gift designation on the checks memo line. \*\***

**Mail to:  
Oakhurst Medical Centers, Inc.  
5582 Memorial Drive  
Stone Mountain, Georgia 30083**