

TO GIVE IN MEMORY OR IN HONOR OF SOMEONE

Print this form, fill it out, enclose your gift, and mail to:

**Oasis Medical Center
2421 Proper Street
Corinth, MS 38834**

Giver's Information:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

\$ _____ **Gift in Memory of:** _____

Please notify the person listed below of my gift:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

\$ _____ **Gift in Honor of:** _____

Special Occasion: ___ Birthday ___ Christmas ___ Anniversary ___ Mother's Day ___ Father's Day

Congratulations on _____

Please notify the person listed below of my gift:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____