

GIVING FORM



You can share in our commitment to give the best medical and surgical care possible according to the means that God provides, with compassion, and to share the gospel of Christ clearly with everyone who comes. When you participate, your donation will be transferred conveniently from your checking account or credit card directly to Compassion Evangelical Hospital.

Compassion Evangelical Hospital
PO Box 870 • Southfield, MI 48037
(313) 378-9398 • www.cehguinea.org

Your donation will go even further because our paperwork will be reduced; our income will be more predictable, putting your donation to work immediately to help the people who are served by our mission.

Name(s) _____
Address _____
City _____ State _____ Zip Code _____
Telephone _____ Email _____

I'd like to make a Donation Memorial Gift Honor Gift
In Memory/Honor of: _____
As a Monthly Gift Quarterly Gift One-Time Gift
On the 1st of the month 10th of the month 20th of the month
In the amount of: \$25 \$50 \$100 \$250 \$500 \$ _____ Other Amount
Please apply my gift to: General Operating (\$4,000/mo) Dr. Kristen Schmaltz MIAPE (\$3,300/mo)
 Nursing School Classrooms \$5,000 Scholarships – specify recipient's name _____
 Short-Term Trip – specify recipient's name _____

Please transfer my donation from my:
 Checking Account [Please attach a voided check]
- OR -
 Credit Card Account Number _____ Expiration Date ____/____

I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift any time through the online donation form at www.cehguinea.org or by contacting Compassion Evangelical Hospital by phone or mail. All donations provided to Compassion Evangelical Hospital originating as ACH transactions comply with U.S. Law.

Signature _____ Date _____
(Required)

KEEP THIS PORTION FOR YOUR RECORDS

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