



# Piedmont

FOUNDATION

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

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

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

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

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

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

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Appeal Code (If Any): \_\_\_\_\_

**\*\*Please remember to make checks payable to Piedmont Healthcare Foundation, and reference your gift designation on the check's memo line. \*\***

Mail to:  
Piedmont Healthcare Foundation  
2001 Peachtree Road, NE  
Suite 400  
Atlanta, GA 30309