



# CONE HEALTH®

## Philanthropy

## A Gift to Create Exceptional Care

Name(s): \_\_\_\_\_

Contact Person: \_\_\_\_\_  
(Enter if gift is from a business, organization or foundation.)

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

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

My/our gift of \$ \_\_\_\_\_ is designated to: \_\_\_\_\_  
(Specify fund or purpose.)

This gift is  in Memory of  in Honor of:

Name(s): \_\_\_\_\_

Please notify: \_\_\_\_\_

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

### Payment Information

- Check (payable to Cone Health with designation noted in memo field)
- Credit card: Please call 336-832-9452

### Matching Gift:

My company \_\_\_\_\_ will match this gift.  
(Please include matching gift form or provide website link)

### Recognition

In donor recognition listings and publications, please list my/our name(s) as:

\_\_\_\_\_  
(Enter anonymous if you prefer not to be listed)

**Thank you for your gift. A formal acknowledgement letter will be mailed to you. If this is a memorial or honor gift, we will send a card to the person(s) you listed notifying them of your thoughtfulness.**

PLEASE MAIL COMPLETED FORM AND PAYMENT TO:

Cone Health Philanthropy Office, 1200 N. Elm Street, Greensboro, NC 27401 Phone: 336.832.9450

*Cone Health is recognized as a nonprofit organization by the IRS Code Section 501(c) (3). All contributions are tax-deductible to the extent allowable by law.*  
Tax ID Numbers: 58-1588823 Cone Health Institutional Advancement  
58-1681560 Alamance Regional Charitable Foundation  
58-1897269 Annie Penn Foundation

(Form rev. 4-2021)