



**Healthcare Partners of South Carolina, Inc Donation Form**

**INSTRUCTIONS:** Print form. Please PRINT or TYPE responses. Make a copy for your records.

**RETURN FORM TO:** Healthcare Partners of South Carolina, Inc

1708 Oak Street  
Conway, SC 29526

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

Street: \_\_\_\_\_

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

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

Enclosed is a gift in the amount of:  \$10  \$25  \$50  \$100  \$200  Other: \$ \_\_\_\_\_

**Payment Options:**  Check (Payable to: Healthcare Partners of South Carolina, Inc)

Please charge my credit card:  Visa  MasterCard  Discover  Amercian Express

Card number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

SecCode (CVV2- 3- digit code on back of card): \_\_\_\_\_

Signature: \_\_\_\_\_

I would like to donate:  Anonymously

In memory of: \_\_\_\_\_

In honor of: \_\_\_\_\_

Please send an acknowledgement card to: (if different than donor)

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

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

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

Thank you for your generous donation. Donations to HCP are tax deductible. A statement for tax purposes will be mailed to you.