

SHELBY COUNTY HEALTH FOUNDATION **ANNUAL FUND**



Yes, I would like to make a contribution to the Shelby County  
Health Foundation Annual Drive. Enclosed is my check for

\$50    \$100    \$250    \$500    \$1,000    Other

Name \_\_\_\_\_

(Please indicate on the line above how you would like your gift to be acknowledged: Mr. and Mrs., Ms., first names, title, etc.)

Address \_\_\_\_\_

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