

Central Carolina Hospital Auxiliary
Florence B. Harris Scholarship Gift Form

Print this form and mail to:

Central Carolina Hospital Auxiliary
Florence B. Harris Scholarship
1135 Carthage Street
Sanford, NC 27330

Make checks payable to the CCH Auxiliary

Name _____ Organization _____

Address _____ Phone _____

Signature _____

___ I am contributing \$ _____ to the CCH Auxiliary Florence B. Harris Scholarship Fund.

My contribution will be made as follows:

My personal check for \$ _____ is enclosed.

As a Donor _____ or In Memory _____ or Honor _____

of _____

Send appropriate acknowledgment to _____

Address _____

The CCH Auxiliary is a 501(c)3 non-profit organization. Gifts are tax deductible as allowed by law.

Thank you for you gift!