

Full Name For Mural: _____

Date of Birth (if desired): _____

Your Name: _____

Address: _____

City: _____

State, Zip: _____

Phone Number: _____

*Please make your tax-deductible
check for \$100 to:*

**Hugh Chatham Memorial
Hospital Foundation**

180 Parkwood Drive
Post Office Box 560
Elkin, North Carolina 28621-0560

For more information, please call 336-527-7457

