Donation Form

Donor Information

NAME (LAST, FIRST, M.I.)	BUSINESS NAME (IF APPLICABLE)
STREET ADDRESS	EMAIL
CITY, STATE, ZIP	PHONE
WEBSITE	ALTERNATE PHONE

Donation Description

CHECK ONE: ☐ Check ☐ Credit/Debit Card AMOUNT: $_____

DONOR SIGNATURE_____ DATE

CARD NUMBER: _____ EXP: _____ CCV: _____

BILLING ADDRESS: _____ CITY:_____ STATE_____ZIP_____

NOTES:

The PMC Foundation is the philanthropic arm of Pikeville Medical Center, Inc., a not-for-profit, 348-bed regional healthcare organization serving the heart of central Appalachia. Our sole function is to support and promote Pikeville Medical Center's mission of providing world-class, quality healthcare in a Christian environment.

Contact Information

PMC Foundation
P. O. Box 2515
Pikeville, Kentucky 41502

James Glass
VP FOUNDATION PAT EXP GOV AFFAIRS
Phone: 606-430-2152
Email: james.glass@pikevillehospital.org