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**DONOR INFORMATION**

Individual / Company Name: \_\_\_\_\_

Contact Name / Title: \_\_\_\_\_

Address, City, State Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_  
(office / mobile / home)

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**DONATION ALLOCATION**

Specific program / service, client use, administration, marketing, general use, operations, capital, etc.

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**IN TRIBUTE / HONOR / MEMORY OF**

Individual Name / Details: \_\_\_\_\_

Gift Notification Name: \_\_\_\_\_

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

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**Charge:** \$ \_\_\_\_\_ Name on Card: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

#: \_\_\_\_\_ (Visa/MC/AmEx/Disc) Exp: \_\_\_\_\_ CVV: \_\_\_\_\_

**Check: Payable to *Ravenwood Health*** (Mail to Kristine Frankenberry)  **Cash:** \$ \_\_\_\_\_

My signature confirms the donation details listed above to Ravenwood Health.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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**Donation details received by (STAFF NAME):** \_\_\_\_\_

**Contact:**

Kristine Frankenberry  
Development Director  
12557 Ravenwood Drive  
Chardon, Ohio 44024

o. 440.285.3568 x121  
c. 440.655.6837  
f. 440.285.4552  
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*Ravenwood Health is a 501(c)(3) nonprofit organization. No goods or services were received in exchange for this contribution.  
Your donation is tax-deductible to the fullest extent allowed by law. A gift acknowledgment will be provided.*

**EIN # 34-6573631**