YOUR GIVING MATTERS!

THANK YOU FOR SUPPORTING

GHS Foundation

Serving Northside Hospital Facilities in Gwinnett

MAKE YOUR GIFT TODAY!

Donor Name:	
Spouse Name:	
E-mail:	Cell number:
Please designate my gift to the following	g fund:
□ Area of greatest need (Unrestricted)	□ Neonatal Intensive Care
□ Behavioral Health	□ Nursing Scholarships
□ Cancer	□ Northside Gwinnett - Lawrenceville campus
□ Heart	□ Northside Duluth
If you would like to donate to an area not liste	ed above, please contact the Foundation at 678-312-8500.
For tribute gifts, please complete the follo	owing section:
In Honor of:	Occasion:
In Memory of:	
Please notify the following of my gift:	
(include names and addresses for each person to be no	

MAKE CHECKS PAYABLE TO:

Gwinnett Hospital System Foundation 1755 N. Brown Rd., Ste 100 Lawrenceville, GA 30043 Online gifts can be made at www.ghsfoundationgiving.org