



The KDMC Foundation is excited to offer its monthly giving program. The 10 for 10 Helping Hands program offers local residents the opportunity to help support King's Daughters Medical Center at a very low cost.

The first "10" is for "\$10 per month". This money will go a long way in helping KDMC maintain and improve our level of healthcare in Lincoln County. And it's 100% tax deductible.

The second "10" is for the "10 fingers" on every Helping Hand at KDMC. Our helping hands do many things:

- Prepare nervous patients for surgery.
- Operate on patients.
- Keep the rooms and hallways clean.
- Prepare delicious, nutritious food.
- Keeping the computers running smoothly.

These are just some of the things we do each day to make patient care the best it can be. These hands work with a passion. OUR mission is *"Providing quality health and wellness in a Christian environment"*. We work to live that out with everything we do for every patient.

When it comes to patient satisfaction scores, KDMC rates as one of the best in the country.

But it comes at a cost. Your gift will go to help make improvements and purchase equipment that makes healthcare better for OUR community. Your *Helping Hands* help our *Helping Hands*. When you sign up, please include your t-shirt size!

Call 601-835-7900 to sign up to help your hospital today!

Thanks



AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

Name: _____ Phone: _____
(As it appears on financial institution records)

Address: _____ City: _____ State: _____ Zip: _____

Financial Institution Name: _____

City: _____ State: _____ Zip: _____

Transit/ABA #: _____ Checking Account #: _____

I hereby authorize the Financial Institution named above to pay my monthly:

_____ Donation

by charging each payment to my account and to make that deduction payable to the order of ___King's Daughters Foundation (*Company*). I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is to remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by timely notification to my Financial Institution prior to charging my account. I understand, however, that both the Financial Institution and King's Daughters Foundation reserve the right to terminate this payment plan (or my participation therein).

DATE: _____ SIGNATURE: _____

NOTE: Please return this authorization and a VOIDED check on your account to:

KDMC Foundation
P.O. Box 3285
Brookhaven, MS 39603
ATTN: Jeff Richardson