

C.O.W (Computer on Wheels) Sponsorship Information

Donor Name: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Donor recognition plaque to read as follows: *This equipment was made possible by a donation from*  
(please print clearly) \_\_\_\_\_

Additional information may be displayed on the C.O.W. , such as in honor of or in memory of:

\_\_\_\_\_

Your C.O.W. can be named – popular choices include Daisy, Sunshine and Betsy. Please indicate a name  
for your C.O.W. please print clearly) \_\_\_\_\_

\_\_\_\_\_ \$740 Clinic C.O.W.

\_\_\_\_\_ \$3,500 "Purebred" Hospital C.O.W.

Payment can be made by money order, check or Visa or Mastercard. A credit card payment form is  
located on page 2. Please send payment along with the completed C.O.W. sponsorship form to:

Laurie Rockwell

Syringa Hospital Foundation

607 West Main Street

Grangeville, ID 83530

## Credit Card Payment Form

### Payable to Syringa Hospital & Clinics/Foundation

Name as it appears on Credit Card: \_\_\_\_\_

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

Credit Card Number \_\_\_\_\_

Expiration \_\_\_\_\_ VISA    MASTERCARD

Charge Amount \$ \_\_\_\_\_

Item Purchased: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_