

# O'Neill Healthcare

## Scholarship Fund

Full Name: \_\_\_\_\_ Person making the gift Date: \_\_\_\_\_

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

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I am enclosing a gift of \$: \_\_\_\_\_

To thank the staff at: ☐ Bay Village ☐ Fairview Park ☐ Lakewood

☐ North Olmsted ☐ North Ridgeville ☐ Hospice

To Honor: \_\_\_\_\_

In Memory of: \_\_\_\_\_

Other: \_\_\_\_\_

Make Check payable to:

**O'Neill Healthcare Donor Advised Fund**

Please mail this form and your check to:

**O'Neill Healthcare  
Scholarship Fund  
38642 Center Ridge Road  
North Ridgeville, OH 44039**