



DONATION FORM

Business Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Contact Person: _____

Description of Donated Item(s):

I would like a donation receipt sent to the address listed.

*All donations will go directly to a scholarship fund.

Please submit a high resolution logo to:

jdecker@sanjuanhealth.org

For more information contact one of the following.

Jimmy Johnson

jjohnson@sanjuanhealth.org

435-275-5200

Kent Turek

dkturek@bhmh.utah.gov

435-678-4666

Many ways to get involved: Cash, Prizes, Hole Sponsorships, Etc.

PLEASE MAIL CHECKS TO

San Juan Health
380 West 100 North
Monticello, UT 84535