



Jail Bail '08

To support the FCMC Careers in Healthcare Scholarship Program

Prisoner's Name: _____

Business Name _____ Business Phone _____

Business Address _____

Please have all checks payable to: Fulton County Medical Center
and have the donor put the prisoner's name in the memo section of the check.

	Name	Complete Address (include City, State & Zip Code)	Amount Donated	Amount Pledged	Invoice or Paid?
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