



**Payment Form**  
Gwinnett Medical Center Foundation  
(Tax ID # 58-1828486)

Date: \_\_\_\_\_  
Patient Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Dental Office Name: \_\_\_\_\_  
Name of Dentist: \_\_\_\_\_

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**Payment to:** Gwinnett Medical Center Foundation

**Amount:** \_\_\_\_\_

**Circle Payment type:**

Cash      Check      Visa      MasterCard      American Express      Discover

**Credit Card users *PLEASE NOTE:*** All credit cards will be processed through Gwinnett Medical Center. When you receive your credit card statement in the mail, the line item will read “Gwinnett Medical Center Foundation”.

**Cardholder:** \_\_\_\_\_

**Card #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      **Expires:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Gwinnett Medical Center Foundation Contact Number:** 678-312-8500

**Please submit payment and forms to:** Gwinnett Medical Center Foundation  
1755 North Brown Road, Suite 100  
Lawrenceville, GA 30043

*Gwinnett Medical Center Foundation*

1755 N. Brown Rd, Suite 100 • Lawrenceville, GA 30043  
•Phone 678-312-8500 • Fax 770-277-9622