

THANK YOU FOR YOUR GIFT!

WE WOULD LIKE TO REMIND YOU:

As a 501(c)(3) organization, gifts to the WCH Foundation qualify as charitable contributions.

The WCHF has cumulative levels of giving that are honored on our donor wall in the lobby at WCHC.

MAY WE HELP YOU?

Please send me information about

- giving levels
- including WCHF in my will/trust
- gifts of appreciated securities/real estate

(_____) _____

Daytime telephone number

Please fill out your name and address on the other side of this form so we can send you the information you requested.

Please make your check payable to the Washington County Hospital Foundation and return your check with this form to the address below or in the provided envelope.

WCH Foundation

400 East Polk Washington, IA 52353

319-863-3920

Mission of the WCH Foundation...

...is to encourage, accept and steward all public and private gifts, grants and contributions in support of the Washington County Hospital.



**Washington County
Hospital Foundation**



400 East Polk
Washington, IA 52353

Phone: 319-863-3920
Fax: 319-653-4271
E-mail: kbrinning@wchc.org

**Washington County
Hospital Foundation**

MAKING A DIFFERENCE

MEMORIAL GIVING

TEL: 319-863-3920

A memorial is a personal remembrance to honor the life of a friend, relative or colleague with a gift of love and hope.

While your gift helps to honor a memory or special occasion, it also helps Washington County Hospital and Clinics. Your donation can purchase needed equipment, help to recruit new physicians, or improve the hospital's facilities.

Contribution Acknowledgements

When you make a contribution to the Washington County Hospital Foundation, the person or family you designate is immediately sent a letter acknowledging your gift in their name. The amount of your gift is shown only on the letter mailed to you.

Your gift allows us to continue making a difference at Washington County Hospital and Clinics.



New ultrasound equipment with funding assistance from the WCH Foundation

Please detach here and return in provided envelope or to address on back of brochure.

YES, I want to be a partner with Washington County Hospital Foundation by helping to *Make A Difference* at Washington County Hospital and Clinics

Here is my check for a gift of \$ _____ for the :

- WCHF General Fund
- _____ Specific Use

My gift is in memory of:

_____ *Name of person*

Please send notification of my gift to:

_____ *Name of person to notify*

_____ *Address*

_____ *City, state, ZIP*

This contribution is from:

_____ *Name(s) please print*

_____ *Address*

_____ *City, state, ZIP*