Memorial Community Hospital Foundation

SUPPORT THE FUTURE *of* REHAB THERAPY

New Rehabilitation Therapy Center at Memorial Community Hospital

I/we (names)_____intend to contribute the sum of $_____ to the Memorial Community Hospital Foundation in the form of:

- ☐ Cash (Checks may be payable to Memorial Community Hospital Foundation)
- ☐ Stock or asset transfer
- ☐ Grain or livestock
- ☐ Other: _____

☐ This gift will be matched by a company. Company name: _____

This gift is payable over a period of:

☐ 1 year ☐ 2 years ☐ 3 years

With the initial installment of $_____ to be made on or before (date) _____

Thereafter, gift installments of $_____ will be made. Reminders may be sent:

☐ Annually ☐ Quarterly ☐ Monthly ☐ Other

This gift will be made with automatic electronic financial transfers (EFTs or withdrawals):

☐ Annually ☐ Quarterly ☐ Monthly ☐ Other: _____

Name on account _____

Account number _____ Financial institution _____

Bank Routing Number _____(Please attach a voided check or deposit slip)

Donor Name(s):_____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____Email: _____

☐ I would like to keep my gift anonymous.

Signature:_____ Date: _____

Please submit this form to: Coartney DiGiorgio, Foundation Director
Memorial Community Hospital Foundation
402-426-1464 • cdigiorgio@mchhs.org