

Evangelical Community Hospital

Annual Fund

- I have included Evangelical Community Hospital in my will.
- Please contact me about including Evangelical Community Hospital in my will.
- Please contact me about making a gift of stock.

DONOR RECOGNITION LEVELS

Leadership Gifts

\$50,000+	Lystra E. Roger's Society
\$25,000-49,000	Founder's Society
\$10,000-24,000	The 1926 Club

Special Gifts

\$5,000-9,999	President's Associates – <i>Gold</i>
\$2,500-4,999	President's Associates – <i>Silver</i>
\$1,000-2,499	President's Associates
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\$500-999	Friends of the Hospital
\$250-499	Patron <i>Plus</i>
\$1-249	Patron

Name(s) _____

(As listed in Donor Report)

Address _____

City _____ State _____ Zip _____

Phone (____) _____ E-mail _____

Gift amount enclosed \$ _____

This gift* is: in memory of in honor of

Please make my gift available to support all services and programs within the Hospital.

Please direct my gift to be used by the following program or department: _____

*If you would like us to notify someone of your gift, please provide their name and address.

Charge the amount of \$ _____

VISA MasterCard (circle one)

Expiration Date: _____

Name on credit card: _____

Account #: _____

Signature: _____

Please make checks payable to Evangelical Community Hospital. Your gifts are tax deductible to the extent allowed by law.

If you wish to be removed from our mailing list for future fundraising activities, please call 570-522-2685.