

100% Of Your Giving Stays Local

Yes. I want to be a friend to my neighbors in the Sauk Valley.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home/Cell Phone: _____ Email Address: _____

Enclosed is my tax deductible gift of:

\$1000 \$500 \$250 \$100 \$50 \$30 \$10 Other \$ _____ Pledge Amount \$ _____

To charge your contribution to a credit card, please use reverse side or donate online
at www.cghmc.com/forms/giving-back

To be directed towards: (please check one)

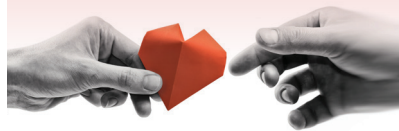
Where the need is greatest Other _____

I am enclosing a check made payable to the "CGH Health Foundation"

I wish to pledge \$ _____ monthly via bank electronic fund transfer (EFT)
(authorization form to be provided by Foundation staff)



*You've Got
a Friend!*



Get help at
www.cghmc.com/foundation

Be a Friend - together we will get through this

Say “Yes” to helping area kids and adults who need some love and care during these difficult times.

Please charge my credit/debit card \$ _____ Visa Mastercard Discover

Name: (as printed on card) PLEASE PRINT _____

Card #: _____ Exp. Date: _____

3 Digit Security Code (on back of card): _____

Signature (must be signed to be valid): _____

Home/Business Phone: _____ Email Address: _____

The CGH Health Foundation is a charitable 501(c)3 nonprofit. Gifts are tax deductible as provided by law. Contact Joan Hermes, Executive Director, at 815-625-0400, ext. 5672 or joan.hermes@cghmc.com if you have any questions or to make a gift.

