



A Gift to Grant Regional Health Center Foundation

All contributions are greatly appreciated - Thank you for your generosity!

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime telephone: _____ Email: _____

My gift to Grant Regional Health Center Foundation:

Cash or Check: Enclosed is my gift in the amount of \$ _____

Charge: Please charge \$ _____ to my _____ Visa _____ MasterCard

Card Number: _____ Exp. Date: _____

Signature: _____

My gift is in memory / honor / celebration (circle one) of: _____

_____ I would like to remain anonymous

_____ Please send acknowledgement to:

Name: _____

Address: _____

City / State / Zip: _____

I would like my gift to support:

_____ General Fund _____ Other:

_____ I would like to learn more about planned giving opportunities.

Please return completed form to:

Grant Regional Health Center Foundation
507 South Monroe St
Lancaster, WI 53813

It all comes back
to you

A large, stylized heart outline in a reddish-pink color, positioned behind the text "It all comes back to you".