

Yes! I want to support the Newman Regional Health Foundation

Please complete this form and return to: **Newman Regional Health Foundation**
1201 West 12th Ave.
Emporia, KS 66801

Thank you for your thoughtfulness and generosity.

Name(Please Print)_____ Date_____

Signature_____

Address_____ City, State, Zip_____

E-mail_____ Telephone_____

Please list my name or company in the following manner (Please Print)

My/our gift of \$_____ is enclosed.

My/our gift is in the form of a pledge of \$_____ to be paid in ___payments of \$_____ each for _____years/months(circle one), beginning(date)_____.

Please make checks payable to: **Newman Regional Health Foundation**

Please charge my gift of \$_____ to my: ___ Visa ___Mastercard ___Discover

Card #_____ Exp. Date:_____

Signature:_____

I/we wish to make this gift...

In Memory of:_____

In Honor of:_____

Relationship:_____

Please send acknowledgement of my/our gift to:

Name:_____

Address:_____

City, State, Zip:_____

Please identify the relationship of the person being notified to the individual being memorialized._____

I work for a matching gift company (Please contact me). Employer:_____

____ Check here if you would like more information about Planned Giving

The Newman Regional Health Foundation is a 501(c)(3) charitable organization that exists to support Newman Regional Health. Your gift is tax deductible.