

GIFT CARD

To help support the NRH Foundation, enclosed is (my/our) deductible contribution in the amount of \$ _____.

Name

Address

City

State

Zip

Telephone

Please designate this gift for:

- Area of Greatest Need*
- Charity Care*
- Nursing Scholarships*

- Medical Equipment and Services*
- Healthcare Scholarships*
- Hand in Hand Hospice*

Ways to give.

Please mark your choice.

1. ANNUAL GIVING CAMPAIGN:

- Friend* \$20
- Samaritan* \$50
- Partner in Health* \$100
- Other* \$ _____

Your annual contribution means you are committed to the ongoing efforts of the foundation.

2. MEMORIAM/HONORARIUMS:

This gift of is being made...

- In honor of* _____
- In memory of* _____

All honor and memorial gifts are acknowledged promptly with a card to the individual or family. The amount of your gift is not mentioned. Please fill out their address below:

Name

Address

City

State

Zip

3. PLANNED GIVING:

- I want to name the Newman Regional Health Foundation in my will as the recipient of a portion of my estate. Please call me to discuss this further.*

Please make checks payable to NRH Foundation and mail to:

*NRH Foundation
1201 W. 12th Ave.
Emporia, KS 66801*