

# Foundation

Valley County Health System

## DONATION FORM

YES, I WOULD LIKE TO HELP! Please complete this form and return it with your gift to the Valley County Health System Foundation, PO Box 321, Ord, Nebraska 68862.  
If you have questions, please contact the Foundation at 308.728.3011.

ENCLOSED IS MY GIFT OF \$ \_\_\_\_\_

TO BE USED FOR \_\_\_\_\_ Greatest Need \_\_\_\_\_ Endowment Fund \_\_\_\_\_ Other \_\_\_\_\_

MY GIFT IS \_\_\_\_\_ In Memory of -or- \_\_\_\_\_ In Honor of \_\_\_\_\_

PLEASE SEND ACKNOWLEDGEMENT OF THIS GIFT TO:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COMMENTS \_\_\_\_\_

*Life is a gift - it offers us the privilege, opportunity and responsibility to  
give something back by becoming more."*

*The Foundation would like to extend our sincere appreciation  
for your charitable donation.*

PLEASE RETURN THIS FORM TO  
Valley County Health System Foundation  
PO Box 321 . Ord, Nebraska . 68862