

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