

**Pocahontas Community Hospital Foudation
For Memorial Gifts or Commemorative Gifts**

My gift is:

In honor or appreciation of:

Name _____

Occasion _____

In Memory of:

Name _____

Is there someone you would like us to notify of this special gift?
(Acknowledgment is sent immediately and gift amount is not disclosed)

Name(s) _____

Address _____

City _____ State ____ Zip Code _____

HERE IS MY GIFT to support the important work of the Pocahontas
Community Hospital

\$10 \$25 \$50 \$100 \$250 \$500

Other \$ _____

Please record this as a gift from

Name(s) _____

Address _____

City _____ State ____ Zip Code _____

Telephone: _____

- I wish to remain anonymous.
- I have included a gift to the Healthcare Foundation in my will
- I am interested in more information on how I can include the Foundation in my will.

**Please make checks payable to:
Pocahontas Community Healthcare Foundation.
And mail to: Pocahontas Community Healthcare Foundation
606 NW 7th St.
Pocahontas, IA 50574**

Your gift is tax deductible to the extend allowed by law.