



# Chase County Hospital Foundation

## Donor Information Sheet

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Area Code

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

City

State

Zip

*Please accept my donation to the Chase County Hospital Foundation for the purpose of sustaining quality healthcare in our area.*

**I ask that you use my gift in the amount of \$ \_\_\_\_\_ for:** (Your gift may be applied to more than one area. Please indicate the amount you wish allocated to each area by writing that figure in the blank next to your choices.)

\$ \_\_\_\_\_ Area of greatest need

\$ \_\_\_\_\_ Equipment

\$ \_\_\_\_\_ Building the Endowment

\$ \_\_\_\_\_ Facilities

\$ \_\_\_\_\_ Other: (Please list) \_\_\_\_\_

**This gift is in loving memory of:** \_\_\_\_\_ (optional)

The Chase County Hospital Foundation publicly thanks those who support our work. We also respect the privacy of individuals who may not wish to have their generosity publically recognized. Please check the following regarding your wishes related to donor recognition:

\_\_\_\_\_ **Please list my name as follows for recognition:** (Ex: "Mr. & Mrs. James Doe, or James Doe, or The James Doe Family, or AgriServices Inc.)

\_\_\_\_\_ **Please do not list my name for donor recognition in your publications.**

I am interested in learning more about benefits of giving to the Chase County Hospital Foundation. Please contact me by: \_\_\_\_\_ Phone \_\_\_\_\_ Email

Please complete donor information form and return with gift. Make checks payable to:

**Chase County Hospital Foundation**

Remit to: Randy Vlasin  
Chase County Hospital Foundation  
P.O. Box 819  
Imperial, NE 69033