

A Gift to Columbus Community Hospital Foundation

All contributions are gratefully accepted – thank you for your kind generosity.

Donor Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Enclosed is my check in the amount of \$ _____
(Please make your tax-deductible contribution payable to the Columbus Community Hospital Foundation.)

Please charge \$ _____ to my: Master Card Visa Discover

Card # _____ Exp. Date _____

Signature _____

My gift is in ___memory ___honor ___celebration (check one) of:

___ I would like my gift to remain anonymous

___ I would like acknowledgement of my gift sent to:

Name _____

Address _____

City _____ State _____ Zip _____

I would like my gift to support:

___ Greatest Need ___ Other (Please specify) _____

___ I would like to learn how to include Columbus Community Hospital Foundation in my will, trust or life insurance policy.

Mail the completed form to:

Penny Pray, Director
Columbus Community Hospital Foundation
1515 Park Avenue
Columbus, WI 53925

For more information contact Penny Pray at (920) 623-1370
or by email at ppray@cch-inc.com