

**YES, I WANT TO HELP ‘TOUCH A LIFE’**

I enclose my gift to Grundy County Memorial Hospital Foundation in the amount of

\$25       \$100       \$250       \$500       Other \$\_\_\_\_\_

I prefer to give \$\_\_\_\_\_ per month for \_\_\_\_\_ months for a total gift of \$\_\_\_\_\_.

My gift is: \_\_\_\_\_ in loving memory or \_\_\_\_\_ in honor of:

\_\_\_\_\_  
(Name(s) of person(s) remembered/honored)

\_\_\_\_\_  
(Name(s) of person(s) to send an acknowledgement of this gift to)

**Please make your check payable to Grundy County Memorial Hospital Foundation.**  
We are a non-profit organization, and your contribution is tax-deductible.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Donor signature \_\_\_\_\_