



The Foundation

for Memorial Health Care Systems

250 North Columbia Avenue, Lower Level

P.O. Box 368

Seward, NE 68434

(402)646-4677

I WANT TO MAKE A DIFFERENCE!

Please accept my tax-deductible contribution of:

\$25 \$50 \$100 Other \$ _____

Please direct my gift to:

Area of greatest need

Family Medical Centers

Memorial Hospital

Hospital Endowment

Donor(s) Name _____

Address _____

City _____ State _____ Zip _____

Please make checks payable to **The Foundation for MHCS**. Mail to:

The Foundation for MHCS

250 No. Columbia Ave.

P.O. Box 368

Seward, NE 68434

If this gift is made in memory or honor of someone, please complete the following:

In Memory of _____

In Honor of _____ Occasion: _____

Please notify: _____

Address: _____

City: _____ State: _____ Zip: _____

The Foundation will send you a receipt for your tax-deductible donation and notify the person identified of your thoughtful gift. Your donation is tax-deductible to the extent allowed by law.

Philanthropy comes in all size gifts. Whatever the gift, we at Memorial Health Care Systems appreciate your thoughtfulness.

For information on additional donation options including gift of Stock, Endownments, Estate gifts, Real Estate Gifts, Gifts of Life Insurance or Annuities, contact The Foundation for MHCS at 402-646-4626 or email us at jane.rehmer@mhcs.us