

WABASH HOSPITAL ASSOCIATION FOUNDATION



I wish to donate in memory of _____
Exact name as you wish it to appear on Memorial Plaque

A gift of \$250.00 will place loved one's name on our memorial plaque and donor's name on our permanent Donor Recognition Plaque.

- | | |
|---|-----------------|
| <input type="checkbox"/> Major Benefactor | >\$100,000 |
| <input type="checkbox"/> Benefactor | \$50,000-99,999 |
| <input type="checkbox"/> Contributor | \$10,000-49,999 |
| <input type="checkbox"/> Supporter | \$1000-9,999 |
| <input type="checkbox"/> Donor | \$250-999 |
| <input type="checkbox"/> Friend | \$100-249 |

I/we wish to help our Railroad friends who may not be as fortunate as others. I understand all contributions are tax deductible and will be accumulated from year to year for advancement into the next recognition level.

Name _____

Phone _____

Address _____

City _____ **State** _____ **Zip** _____

Contribution: \$ _____

Pledge: \$ _____

(payable over _____ years)

I am interested in knowing more about additional options for giving.

Please _____ have someone contact me

Please _____ send me information on alternatives for planned giving such as:

- Gifts of securities, real estate, etc
- Gifts of personal property or insurance proceeds
- Gifts of service, supplies, equipment
- Planned gifts (will or bequest)
- Pledges over time
- Gifts in honor / memory of loved one

**Please Make Check Payable To
Wabash Hospital Association Foundation**