



Clarke County Hospital Foundation

<http://www.clarkehosp.org/foundation.aspx>

641-342-5489

As a 501(c)(3) non-profit, gifts to the Clarke County Hospital Foundation are tax deductible to the fullest extent of the law.

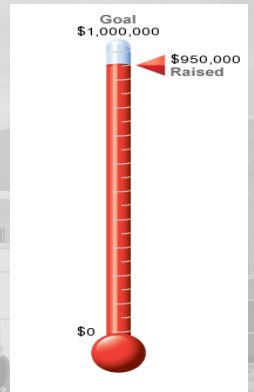
WE ARE VERY CLOSE TO OUR GOAL!

The Clarke County Hospital Foundation's "Transform Your Community's Healthcare" capital campaign is nearing its pledge goal of \$1,000,000.00, and great things are continuing to happen at Clarke County Hospital. Together, we are transforming the facilities and services available to the residents of Clarke County and surrounding communities.

We are very close to reaching our pledge goal. To those who have contributed, we offer our sincere thanks.

If you haven't yet contributed, we invite you to join your fellow community members who have already committed to helping Clarke County Hospital provide more space, better access, enhanced privacy and quality care.

2016 is drawing to a close, and it's never too late to give a gift which benefits all of the residents of our community. Each and every dollar of your contribution goes to the Clarke County Hospital Foundation which directly benefits you, your family, your friends and all those who need quality healthcare services today and for years to come.



Send contributions and this form to:
Clarke County Hospital Foundation
800 South Fillmore
Osceola, Iowa 50213
or

Contribute online safely and securely with MC, Visa, AmEx or Discover at:

<https://cchfoundation.eventbrite.com>

Tax receipts will be sent or emailed before December 31, 2016.

Thank you for your contribution!

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

This contribution is made:
In honor of _____
In memory of _____
_____ Anonymously

Signature _____ Today's Date _____

Foundation Donor Levels

- Honor or Memorial Gift in the amount of _____
 - Visionary of Clarke County Hospital \$500,000
 - Humanitarian of Clarke County Hospital \$100,000
 - Philanthropist of Clarke County Hospital \$50,000
 - Founder of Clarke County Hospital \$25,000
 - Patron of Clarke County Hospital \$10,000
 - Friend of Clarke County Hospital \$1,000
- I want to give \$ _____ by credit card:
 ___ Visa ___ MasterCard ___ American Express ___ Discover
 Card# _____
 Exp. Date ___/___/___ Credit Card Signature _____