

West Central Iowa Healthcare Foundation

Supporting Healthcare Services

Enclosed is my gift of \$ _____

[_____] In memory of _____

[_____] In honor of _____

Reason for honor gift: _____

[_____] Contact me about other gift options.

My Name: _____

Address: _____

City, State: _____ Zip Code: _____

Phone: _____ Email: _____

Please send a memorial/honor card to: _____

Address: _____

City, State: _____ Zip Code: _____

Please return your check and this form to:

**West Central Iowa
Healthcare Foundation
PO Box 204
Manning, IA 51455**

*“It’s not often that each of us has the opportunity to make a difference in
the lives of others”*

*Thank you for taking that opportunity by donating to the West Central
Iowa Healthcare Foundation.*