

2021 Manning Regional Healthcare Center Renovation

Project *Forward*

MRHC capital campaign to meet the evolving needs of our communities.

I/We wish to support MRHC:

(Please check all boxes that apply.)

- A (one-time) tax-deductible contribution of \$ _____
- A pledge contribution totaling \$ _____ to be paid by June 2022.
This contribution is payable bi-annually. Invoices will be sent in Dec. 2021 and May 2022.
- My company will match this gift.
Company name: _____
(Please enclose a matching gift form or company contact information.)
- A donation of appreciated investments*
(*An MRHC staff member will contact you for additional information.)

Donor Name(s): _____

Name As it Should Appear For Recognition Purposes: _____

I/We prefer to remain anonymous. (Name will not be published.)

Full Address: _____

E-mail Address: _____

Phone Number: _____

Signature: (Required) _____

Date: _____

Tax Deductible Contribution

Manning Regional Healthcare Center is a 501(C)3 organization.
All monetary donations are tax deductible. Tax ID 39-1902797



MANNING REGIONAL
HEALTHCARE CENTER

An Affiliate of **MERCYONE**

Recognition Levels

- \$1,000 – \$4,999
- \$5,000 – \$9,999
- \$10,000 – \$24,999
- \$25,000 – \$49,999
- \$50,000 – \$99,999
- \$100,000 +

Honors/Tributes

This contribution is in HONOR OF:

This contribution is in MEMORY OF:

This contribution should be recognized with this FAMILY/BUSINESS:

(Donations toward a family or business name will be recognized together on the donor wall featuring a tree with many branches representing families/businesses who have donated.)



For campaign questions call (712) 655-2072

Mail Donations to: MRHC, c/o Amy Benton 1550 6th St. Manning, IA 51455

