

# A Gift to Columbus Community Hospital Foundation

All contributions are gratefully accepted – thank you for your kind generosity.

## Donor Information

Donor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Gift Information

### My Gift

My gift is in (check one)

- Memory  
 Honor  
 Celebration

Of: \_\_\_\_\_

- I would like my gift to remain anonymous  
 I would like acknowledgement of my gift sent to:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

### Enclosed Gift

Enclosed is my gift of

\$ \_\_\_\_\_  
(Please make your tax-deductible contribution payable to the Columbus Community Hospital Foundation.)

In the form of (check one):

- Check  
 Cash  
 Credit Card

Please charge my gift to:

- Master Card  
 Visa  
 Discover

Card # \_\_\_\_\_  
Exp. Date \_\_\_\_\_  
Signature \_\_\_\_\_

### Gift to Support

I would like my gift to support:

- Greatest Need  
 Endowment (*select one*)  
 General  
 Equipment  
 Women's Health  
 Community Education  
 Other (*Please specify*)

\_\_\_\_\_  
\_\_\_\_\_

### To Learn More

\_\_\_\_\_ I would like to learn how to include Columbus Community Hospital Foundation in my will, trust or life insurance policy



## Mail To

Mail your completed form and gift to:  
**Columbus Community Hospital Foundation**  
**Attn: Kristi Line**  
**1515 Park Avenue,**  
**Columbus WI 53925**

For more information contact Kristi Line, the Executive Director of Columbus Community Hospital Foundation at (920) 623-1370 or by email at [kline@cch-inc.com](mailto:kline@cch-inc.com)

We are here to assist in identifying and meeting the healthcare & wellness needs of the people & the communities we serve by raising and managing charitable funds and bequests. We are here to serve you!