



Yes, I want to support the Memorial Health Foundation.

Please complete this form and return it to:

Memorial Health Foundation

511 NE 10th Abilene, KS 67410

Thank you for your generosity.

Name _____

Address _____

City, State, Zip _____

Email _____

Phone _____

Please list my name or company as:

My gift of \$ _____ is enclosed.

My gift is a pledge of \$ _____ to be paid

in payments of \$ _____ for _____

months/years (circle one).

Please make checks payable to:

Memorial Health Foundation

I wish to make this gift.....

In Memory of _____

In Honor of _____

Please direct my support to:

Memorial Health Foundation is a 501(c)(3) not-for-profit organization. Your gift is tax deductible.