

Culbertson Memorial Hospital Foundation Giving Form

Please use this form to help assure that your gift is applied to the fund or program of your choice. When you have printed and completed the form, enclose it along with your check and mail to:

**CMH Foundation
238 South Congress St.
Rushville, IL 62681**

Enclosed is my gift in the amount of \$ _____. Please use my donation for:

A gift in memory of _____.
Whenever possible, we send a notice of the gift to the family as soon as possible.

A gift in honor of _____.
 Please provide address of honored person so we may let them know about your gift.

_____.
Address City State Zip

Regina Ehrhardt Health Professions Scholarship Fund

Elmer Taylor Health Professions Scholarship Fund

Current Equipment Fund

Donor Information

Name _____

Address _____

City _____ State _____ Zip _____

Make checks payable to: CMH Foundation. Please remember that gifts are tax deductible to the extent allowable by law.

Gifts of \$500 and more are recognized with a plaque on the donor wall in our front lobby or in our Long Term Care unit.

CMH Foundation...Caring for today....Preparing for tomorrow.