

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 _____.
A notice of the gift is sent to 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
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- Regina Ehrhardt Health Professions Scholarship Fund
- Elmer Taylor Health Professions Scholarship Fund
- Clinical Equipment Fund
- Building 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.

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