

Amount of gift: \_\_\_\_ $50 \_\_\_\_$100 \_\_\_\_$250 \_\_\_\_$500 \_\_\_\_\_$1,000 \_\_\_\_ Other

Your gift will be used to support the area of the hospital that needs it the most or:

 Restrict my gift to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ My check is enclosed- made payable to “Wood County Hospital Foundation”

Please charge my: \_\_\_\_Mastercard \_\_\_\_Visa \_\_\_\_Discover \_\_\_\_American Express

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

 Card number Exp. Date 3 digit code on back

 \_\_\_\_\_ Please make this a reoccurring gift and charge the above amount:

 \_\_\_\_\_\_ Monthly \_\_\_\_\_\_\_ Annually

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

 Signature Date

Donor Name(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_ Zip code\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ Please keep my donation confidential.

\_\_\_\_\_\_ Please send me information about including WCH in my will.

\_\_\_\_\_\_ I have already included WCH in my estate planning, please contact me for information.

**Please mail all gifts to: WCH Foundation, 950 W. Wooster St., Bowling Green, OH 43402.**

**To keep our costs down we appreciate your willingness to use your own envelope, thank you.**

Contact the Foundation at your convenience with any questions at 419.373.7627.

Your gift is tax-deductible to the full extent allowed by law.