

Your Generosity Makes a Difference!



Methodist • Lutheran • Blank

Yes! I would like to help advance excellence in healing, caring and teaching.

I would like to contribute:

- \$50 \$100 \$500 \$1,000 Other \$ _____

Please designate my gift:

Hospital or Entity

- Iowa Health Foundation
- Iowa Methodist Medical Center
- Iowa Lutheran Hospital
- Blank Children's Hospital
- Methodist West Hospital
- John Stoddard Cancer Center
- Taylor House Hospice

Restrict Gift to this Area

- Operations
- Capital Improvements
- Equipment
- Festival of Trees & Lights
- Rally Against Cancer
- Westerberg
- Other: _____

In Memory of:

Name: _____

In Honor of:

Name: _____

**Indicate acknowledgement address below.*

Payment Method:

- Enclosed is my check for \$ _____ (made payable to Iowa Health Foundation)
- Please charge my Mastercard, Visa or Discover.

Credit Card #: _____ Code: _____

Signature: _____ Exp. Date: _____

Name(s) _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ E-mail: _____

*Memorial & Honor Gift Acknowledgement:

Please send an acknowledgement of this gift to:

Name(s) _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Relationship to honoree: _____



Please print this form and mail it with your contribution to:
Iowa Health Foundation
1440 Ingersoll Avenue
Des Moines, IA 50309
515-241-6304