

Methodist West Hospital
Donor Recognition

In special
appreciation
of these donors
whose *outstanding*
generosity demonstrates a
commitment to the
tradition
of yesterday and the
vision of tomorrow.



1440 Ingersoll Avenue
Des Moines, Iowa 50309
515-241-6304 Fax: 515-241-6966
iowahealthfoundation@ihs.org
iowahealthfoundation.org



Methodist West Hospital

This is how we began...



Methodist West Hospital is a 95 bed hospital with all private rooms designed to meet the growing and changing healthcare needs of the community. Methodist West joins Iowa Methodist, Iowa Lutheran, Blank Children's Hospital, John Stoddard Cancer Center, and Taylor House Hospice in providing comprehensive family-centered healthcare in a location that is convenient for patients and families.

This hospital represents a vision and commitment to serve the expanded healthcare needs of the greater Des Moines community. In the 1980s, the leadership of Iowa Methodist Medical Center anticipated vast growth in the western communities. As a result, the decision to purchase 80 acres of farmland in 1988 has become a vibrant



medical community. The purchase of land was only made possible by a very generous bequest of nearly \$3 million from the Louise Coskery family.

Just as the generous support of other individuals enabled Iowa Health to build Blank Children's Hospital and the John Stoddard Cancer Center, philanthropy and community support will play an integral role in Methodist West. Philanthropic support will enable Methodist West to be a state-of-the-art facility, providing access to quality, convenient healthcare for patients and families.

Please join us in continuing the vision to serve the community. Your philanthropic support will help bridge the healthcare needs of the community today and in the future.

This is who we are...



Methodist West Hospital is a full-service, acute-care hospital providing family-centered healthcare to patients and families living in Central Iowa. The services provided are designed to meet the changing healthcare needs of a growing and vibrant community.

Level 1:
This level serves as a central location for hospital and community services, including: a café, dining room with indoor and outdoor seating, an education and conference center, laboratory, pharmacy department and other support services.

Level 2:
A full service emergency department is conveniently located next to the surgery department, radiology, the cardiac catheterization lab and diagnostic services to meet the needs of patients when it is needed most. In addition, the beautifully designed

lobby and chapel provide respite for family and friends.

Level 3:
The Orthopaedic Center of Excellence includes 34 private beds designed to be flexible as the healthcare delivery and patient needs change. Family accommodations will be provided in each patient room.

Level 4:
The medical/surgical floor features 30 all private adaptable rooms with family accommodations. In addition, there are six Special Care Beds for critically ill patients.

Level 5:
The 12-bed maternity center includes all private rooms, allowing mothers to stay in one room for the duration of their stay. There will be a newborn nursery as well as one continuing care neonatal bed.

Donor Recognition

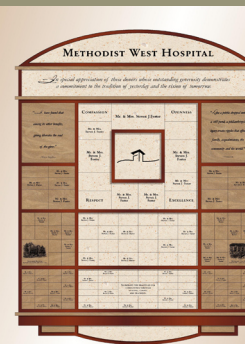
Donors will be recognized on the Methodist West Hospital Donor Wall as outlined below.

Annual Gift Donors of \$1,000 or more
Received during the calendar year.

Planned Gifts
Wills, Trusts, Gift Annuities or other future gifts.

Cumulative Gifts
Cumulative giving will be recognized on the Methodist West Hospital Donor Wall as follows:

GIFT AMOUNT	PLAQUE SIZE
\$ 10,000 - \$ 24,999	4" x 2"
\$ 25,000 - \$ 49,999	6" x 2"
\$ 50,000 - \$ 99,999	4" x 4"
\$ 100,000 - \$ 249,999	6" x 4"
\$ 250,000 - \$ 499,999	8" x 3 1/2"
\$ 500,000 - \$ 999,999	8" x 6"
\$ 1,000,000 - \$ 2,499,999	10" x 5 1/2"
\$ 2,500,000 - \$ 4,999,999	8" x 8"
\$ 5,000,000 - \$ 9,999,999	10" x 10"
\$10,000,000 - \$24,999,999	8" x 16"
\$25,000,000 and above	14" x 14"



Iowa Health Foundation



- Enclosed is my cash or check. \$ _____
- I wish to make a pledge. \$ _____
- I have made a bequest or other planned gift benefiting the Methodist West Hospital or Iowa Health Foundation.
- Please contact me. I would like more information about the following:
- Planned Gift
 - Annual Gift
 - Naming Gift
 - Learning more about Methodist West
 - Other: _____

Name (please print)

Address

City, State, Zip Code

Phone

E-mail

Signature

Date

Please Return to:
Iowa Health Foundation
1440 Ingersoll Avenue
Des Moines, Iowa 50309
515-241-6304

Donate Online:
iowahealthfoundation.org