



ENHANCED SERVICES
AND
QUALITY MEDICAL
CARE
FOR
LINCOLN COUNTY

Lincoln Hospital FOUNDATION

Sharing the Commitment

I WANT TO SHARE THE COMMITMENT.

I want to help bring a new level of service and medical care to our community. Enclosed is my Gift of \$ _____. Please apply it toward the Lincoln Hospital Foundation's current fund-raising goal.

Enclosed is my Gift to the Lincoln Hospital Foundation Endowment Fund.*

This Gift is given in the name of:

In Memory of

In Honor of

To say "Get Well"

To say "Thank You"

YOUR NAME _____
(Please Print)

ADDRESS _____

CITY/STATE _____

Please send acknowledgement to:

NAME _____

ADDRESS _____

CITY/STATE _____

Please make checks payable to: LINCOLN HOSPITAL FOUNDATION, 10 Nicholls St., Davenport, WA 99122. The Lincoln Hospital Foundation will send an appropriate notification of your gift to the name listed above. The amount will not be disclosed. Thank you for your generosity!

**The Foundation's Endowment Fund welcomes all gifts, including cash donations, securities, life insurance or deeds of trust. For more information about arranging a donation to the Endowment Fund, please call the Foundation Office at (509) 725-7101.*