

Audubon County Hospital Foundation
Donation Form

Name _____ Date _____

Address _____

City, State, Zip _____

Telephone (home) _____ Telephone (work) _____

Email Address _____

- I would like my gift to remain anonymous.
- I would like to be recognized in the Audubon County Hospital Foundation's annual newsletter.

Please use my tax deductible gift of \$ _____ to help continue ACMH's tradition of excellence in providing quality care to the people in and around Audubon County.

Given to: ACHF General Fund ACHF Endowed Fund

Please make checks payable to **Audubon County Hospital Foundation** or **Audubon County Hospital Foundation Endowed Fund**.

To Make a Memorial/Honorary/Celebratory Gift:

- Please accept my gift in Memory of _____
- Honor of _____
- Celebration of _____

Please notify _____
Name

Address, City, State, Zip

Please mail this form and your contribution to:
Audubon County Hospital Foundation
515 Pacific Avenue
Audubon, Iowa 50025