

1314 East Walnut Street  
Washington, Indiana 47501  
(812) 254-2760, ext. 1126

**Give the Gift of Health**  
by supporting  
**Daviness Community Hospital**  
**Foundation**

Whether small or large, your gift will make a difference in the lives of those receiving services through Daviness Community Hospital.

**DONOR INFORMATION:**

Name: \_\_\_\_\_

Check here if you wish to remain ANONYMOUS.

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**GIFT AMOUNT: \$** \_\_\_\_\_

Please use where there is "Greatest Need"  Designate for: \_\_\_\_\_

**PAYMENT METHOD:**

Check Please make checks payable to: Daviness Community Hospital Foundation

Credit Card: All major credit cards accepted.

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

I would like to make a gift of securities. Please contact me to make the appropriate arrangements.

**MY GIFT IS (please print):**

In Memory of: \_\_\_\_\_

In Honor of: \_\_\_\_\_

**PLEASE SEND ACKNOWLEDGEMENT TO:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**ABOUT DAVIESS COMMUNITY HOSPITAL FOUNDATION:**

Daviness Community Hospital Foundation is a not-for-profit 501(c)(3) organization. All gifts are tax deductible as allowed by law. Please consult your financial advisor.

**"Community is our middle name."**