



Every Patient Matters

CENTRAL COMMUNITY HOSPITAL FOUNDATION

901 Davidson St NW, Elkader, IA 52043

Donation Form

To make a donation, print this form and mail it with your check to the address below.

Please make check payable to:

Central Community Hospital Foundation

Preferred title (Dr., Mr., Mrs., Miss, Ms., no title)

Name: _____

Mailing Address: _____

State: Zip: City: _____

Daytime Phone: (_ _) - ____ - ____ Evening Phone: (_ _) - ____ - ____

E-mail Address: _____

(We do not share this information)

Gift Amount: \$ _____

Signature: _____

Gift Designation: Area of Greatest Need Other: _____

In Memory/Honor of: _____

If you would like notification sent regarding your memorial/honor designation, please provide name and address:

Yes, I would like information on how to remember Central Community Hospital Foundation in my will or estate.

Yes, I would like more information on how to donate to the Central Community Hospital Endowment Fund

For more information contact:

Central Community Hospital Foundation
Attn: Foundation Director
901 Davidson Street NW, Elkader, Iowa 52043
Phone: (563) 245-7012 ~ Email: Foundation@cchelkader.org