

Name: _____

Address: _____

City, State, ZIP: _____

In support of West Holt Medical Services, I/We would like to participate in this effort to ensure quality programs and services for our future with this gift.

I/We pledge \$ _____ Enclosed is \$ _____

The balance \$ _____ will be paid: _____

Annually; Semi-Annual; Quarterly; Monthly (in amount of) \$ _____

Or as follows: _____

Signature: _____

I/We would like to consider an additional gift by will: Yes No
If gift is by check, make payable to West Holt Medical Services Foundation – P.O. Box 214, Atkinson, NE 68713
Note: This is a declaration of intention and may in the event of financial change be increased, decreased, or canceled at the option of the donor(s).



*West Holt Medical Services
Foundation
"Investing In Healthcare Today
***Ensuring Tomorrow"*

Commemorative Memorial Reservation

*If you would like to reserve a Commemorative memorial gift, please indicate your choice.
Your early identification, inscription (if any) and other detail to promote permanent designation are appreciated.*

Memorial Selected: _____

Remarks: _____

In honor of: _____

In memory of: _____

Thank you for the investment you have made in our community and our future. Your gift to the West Holt Medical Services Foundation is tax deductible in accordance with Internal Revenue Regulations.



Donor Recognition Gift Clubs

The specific amount given by each contributor will not be publicly shown, only the ranges as indicated below. At their request, contributors may remain anonymous.

<i>Founders Club</i>	<i>\$100,000 or more</i>
<i>Presidents Circle</i>	<i>\$50,000 to \$99,999</i>
<i>Leader</i>	<i>\$25,000 to \$49,999</i>
<i>Benefactor</i>	<i>\$10,000 to \$24,999</i>
<i>Pacesetter</i>	<i>\$5,000 to \$9,999</i>
<i>Century Club</i>	<i>\$1,000 to \$4,999</i>
<i>Friend</i>	<i>\$0 to \$999</i>