

DONATION FORM

I would like to help light up the forest of memories at the hospital by recognizing the following loved ones:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

Forest of Memories

A TRIBUTE TO THOSE WE LOVE



♥ \$10 per name.

♥ \$125 for up to 15 names.

♥ \$150 for up to 15 names + take home a handcrafted lighted tree after the holidays.

Our Foundation will illuminate the hospital front entrance with lighted trees in memory or in honor of those you love. Each light will represent your loved one, whose name will be displayed in the glass walkway and on the Foundation's digital display.

Please accept my donation in the amount of _____ towards the purchase of a blood bank centrifuge equipment for the Laboratory, benefiting patient care at West Holt Medical Services. I would like to donate \$150 for a handcrafted lighted tree*.

Donor's Contact Information:

Name: _____

Mailing Address: _____

Physical Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email Address: _____

Please make checks payable to West Holt Medical Services Foundation.

Mail this form and donation to: West Holt Medical Services Foundation, PO Box 214, Atkinson, NE 68713

*Deliveries to local residents are available or donors may pick up trees at the hospital after Jan 15. Shipping not available.