West Holt
Medical Services
Foundation

DONATION FORM

I would like to have the following names on snowflakes in the memory hall at West Holt Medical Services:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Winter Memory Hall

A TRIBUTE TO THOSE WE LOVE

$5 per name

The West Holt Medical Services Foundation is doing a Winter Memory Hall through the months of December and January. Snowflakes will be hung with the names of loved ones in the memory hall between the Clinic and the Hospital.

All you have to do is fill out the form and mail it with your donation. The rest is done for you!

Please accept my donation in the amount of _____ towards the West Holt Medical Services Foundation, benefiting patient care at West Holt Medical Services.

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