

BUILDING FOR A HEALTHY FUTURE

Your gift will make a difference in our community!



RILEY
FAMILY PHYSICIANS

Our Family. Caring for Yours.

DONOR INFORMATION:

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Enclosed is my check payable to "CCHF – RILEY CLINIC"



Clay County Hospital
FOUNDATION
rooted in healthcare

CLAY COUNTY HOSPITAL FOUNDATION
PO Box 512 • Clay Center, KS 67432
785-630-2489 • foundation@ccmcks.org

THANK-YOU!

All contributions are tax deductible.
CCHF is a 501 (c)(3) non-profit organization.

- I/We will donate a total of \$ _____.
I/We include \$ _____ with this commitment.
- I/We will pay the balance of \$ _____ over a ____ year period.
- I/We prefer to make payments:
 Monthly Quarterly Semi-annually Annually
Payment date beginning on: _____.
- I/We wish for my gift to remain anonymous.
- I/We approve listing my/our name(s) as Donors:

(For donor board recognition. See Name Listing examples)

Donate online at www.ccmcks.org/claycountyhospitalfoundation.php

NAME LISTING GUIDE

Listed are some fictional examples of how names could be listed on our donor recognition board. Many variants could be used with name listings, but these are some of the common styles used.

Contact CCH Foundation, 785-630-2489, with questions.

- John Johnson • John & Beth Johnson
- John & Beth Johnson Family • Dr. John & Beth Johnson
- John Johnson, In Memory of Don & Doris Johnson
- John & Beth Johnson, In Memory of Don Johnson
- Business Name