WOOD COUNTY HOSPITAL

Community Campaign



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Community Campaign







It is my/our intention	to contribute \$	each	It is my/our inter	ntion to contribute \$	each
(select one): 🗖 Year 🗖 Quarter 🗖 Month			(select one): ☐ Year ☐ Quarter ☐ Month		
for the next five years in support of the			for the next five years in support of the		
"The Vision for Tomorrow" Capital Campaign			"The Vision for Tomorrow" Capital Campaign		
It is my/our intention to make the first payment in 20			It is my/our intention to make the first payment in 20		
Please reserve the the following commemorative opportunity for me/us (per inside back cover of the brochure):			Please reserve the following commemorative opportunity for me/us (per inside back cover of the brochure):		
May we include your name, without amount, in our list of donors? ☐ Yes ☐ No			May we include your name, without amount, in our list of donors? ☐ Yes ☐ No		
Signature:			Signature:		
Name of Donor:			Name of Donor:		
Address:		Date	Address:		_ Date
City:	State:	Zip:	City:	State: Z	Zip:
-Mail: Phone:		E-Mail:	Phone:		