

Yes! I want to support the 2009 Annual Appeal.

Enclosed is my tax deductible gift of:

\$1000 \$500 \$250 \$100 \$50 \$25

Other \$ _____ Pledge Amount \$ _____

Name (as you would like to be recognized):

Address: _____

City: _____ State: _____ Zip: _____

Business/Home Phone: () _____

Cell Phone: () _____

E-Mail: _____

To be directed towards: (Please check one)

Where the need is greatest (unrestricted)

Women's Health/Women's Cancer

Eyeglasses for Kids

Health & Fitness/Healthier Kids

Prescott Dental Clinic

Cardiac Wellness

Men's Health

Diabetes Prevention

Colorectal Cancer

Workplace Wellness

Lung Cancer

Cancer Resource Center

Scholarships

- Make **checks** payable to: CGH Health Foundation or fill out the **Credit Card Contribution Form** below and mail to: CGH Health Foundation, 100 E. LeFevre Road, Sterling, IL 61081

Please charge my gift: Visa M/Card

Name: (as printed on card) PLEASE PRINT

Card #: _____ Exp Date: _____

Visa 3 digit security code: (on back of card): _____

Signature: (must be signed to be valid)

- **NEW for 2009!** For your convenience, you may also make your gift to the Annual Appeal **online** at www.cghmc.com/foundation

Thank You!

No matter the size of your gift, your participation is important in carrying out the mission of the CGH Health Foundation, both today and into tomorrow.

Together, we can help fund heart, cancer, diabetes, obesity, eyeglass, dental and scholarship programs to 70,000 children and adults living in the Sauk Valley.

Giving Levels:

- **Friend** - \$1 to \$99
- **Member** - \$100 to \$499
- **Partner** - \$500 to \$999
- **Tree of Life** - \$1,000 or more
- **Legacy Circle** - Giving by bequest

Gifts to the CGH Health Foundation are tax deductible as provided by law.

Our Mission:

"Pursuing healthier, productive lives for the people of the Sauk Valley"



**An affiliate of: CGH Medical Center
100 E. LeFevre Road ~ Sterling, IL 61081**

*For more information, contact Joan Hermes,
Executive Director, at (815) 625-0400, ext. 5672*

E-mail: foundation@cghmc.com

Visit our website: www.cghmc.com/foundation

- I have named the CGH Health Foundation in my will or trust.
- I'd like information on charitable gifts and estate planning.

For Office Use Only:

Check # _____ Date: _____

Cash New Renewal N/R (yr _____)