

Your Giving Stays Local

YES! I want to change lives and save lives.

Home/Cell Phone: _____ Email Address: _____

My last gift was \$

Enclosed is my tax deductible gift of:

\$1000 \$500 \$250 \$100 \$50 \$30 \$10 Other \$ _____ Pledge Amount \$ _____

To charge your contribution to a credit card, please use reverse side or donate online at www.cghmc.com/forms/giving-back

To be directed towards: (please check one)

Where the need is greatest Other _____

I am enclosing a check made payable to the "CGH Health Foundation"

I wish to pledge \$ _____ monthly via bank electronic fund transfer (EFT)
(authorization form to be provided by Foundation staff)

Return your gift using this card and the enclosed envelope.

 Because You're
WORTH IT.

2018 CGH HEALTH FOUNDATION ANNUAL APPEAL

CGH 
Health Foundation



Be a Hero

Say “YES” to contributing to improved health for generations to come!

TOGETHER we can give others a boost and alleviate distress, economic burden and hopelessness for children and adults living right here in the Sauk Valley.



Please charge my credit/debit card \$ _____ Visa Mastercard Discover

Name: (as printed on card) PLEASE PRINT _____

Card #: _____ Exp. Date: _____

3 Digit Security Code (on back of card): _____

Signature (must be signed to be valid): _____

Home/Business Phone: _____ Email Address: _____

The CGH Health Foundation is a charitable 501(c)3 nonprofit. Gifts are tax deductible as provided by law. Contact Joan Hermes, Executive Director, at 815-625-0400, ext. 5672 or joan.hermes@cghmc.com if you have any questions or to make a gift.