

Philanthropy GUARANTEES THE DELIVERY
OF *healthcare* IN INCLINE VILLAGE.

The Incline Village Community Hospital (IVCH) Foundation is thankful for the continued generosity of our donors who support the lifesaving efforts of the hospital. Together, we have built a tradition of exceptional care for our friends, family and neighbors. With your continued support, we will ensure that our hospital is here when you need it.

Donor Information

Name _____

Billing Address _____

Email _____ Phone _____

Payment Information

I am pleased to support Incline Village Community Hospital in the amount of:

\$50 \$100 \$250 \$500 \$1,000 \$5,000

Enclosed is my check made payable to IVCH Foundation

Please charge my MasterCard/Visa/Amex Account # _____

Exp. Date _____ Signature _____ Date _____

You can also donate online at inclinehospital.com.

I/we would prefer to remain anonymous.

Gift Designation:

100% of your gift supports the expansion of the hospital's long-term vision for local patient care, which includes providing capital, technology, and equipment needs that are critical to our mission of delivering the best healthcare to our community. Your contribution will directly benefit the program or project of your choice.

IVCHF Area of Greatest Need IVCHF Emergency Services IVCHF Endowment Fund

I have remembered the Foundation in my will or living trust

My gift is in Honor/Memory of _____

Other _____

Your Community. Your Hospital.



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IVCHF is a non-profit 501 (c)(3), tax ID 20-0752156