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: _____

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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 **TFHD.com/ivch/giving**

❍ 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

My Gift is in Honor/Memory of:

_____

Your Community. *Your* Hospital.

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