



FOUNDATION

To make a donation to the Faith Regional Health Services Foundation, please complete the following information.

NAME _____
(PLEASE PRINT YOUR NAME)
ADDRESS _____
(CITY) (STATE) (ZIP)
PHONE _____ EMAIL _____

** You will only be contacted in the event the Foundation office has any questions regarding your gift.*

Please choose from list active funds on the second page that you would like to see benefit from your gift.
see next page > >

Please choose the program you would like your gift to be directed to and complete the corresponding information.

** Your gift is tax deductible to the fullest extent allowed by law.*

Grateful Patient

I WOULD LIKE TO THANK _____
(PLEASE PRINT COMPLETE NAME AND/OR DEPARTMENT)
DATE OF SERVICE _____ ROOM NUMBER _____
HE/SHE WAS SPECIAL BECAUSE _____

GIFT AMOUNT _____

Memorial

IN LOVING MEMORY OF _____
(PLEASE PRINT HONOREE'S NAME)
ADDRESS _____
(CITY) (STATE) (ZIP)
PLEASE SEND ACKNOWLEDGEMENT OF MY GIFT TO _____
(PRINT NAME)
ADDRESS _____
(CITY) (STATE) (ZIP)
PHONE _____ GIFT AMOUNT _____

Living Tribute

IN LIVING TRIBUTE TO _____
(PLEASE PRINT HONOREE'S NAME)
ADDRESS _____
(CITY) (STATE) (ZIP)
PHONE _____
ON THE OCCASION OF: BIRTHDAY ANNIVERSARY EASTER OTHER _____
PLEASE SEND ACKNOWLEDGEMENT OF MY GIFT TO _____
(PRINT NAME)
ADDRESS _____
(CITY) (STATE) (ZIP)
PHONE _____ GIFT AMOUNT _____

** Your gift amount will be kept confidential and will not appear on the card sent to individual(s) you have chosen to receive gift acknowledgement unless we are told otherwise.*

Please indicate whether or not Faith Regional has permission to use contents of acknowledgement for all publications.

Yes, you may use contents of my acknowledgement in publications. No, I wish to remain anonymous.

Please make all checks payable to Faith Regional Health Services FOUNDATION. Mail completed form
Faith Regional Foundation, 2700 Norfolk Avenue, Norfolk, NE 68701

Faith Regional Health Services Foundation

2013 Active Funds

Acute Rehab	Hospice Endowment
Anesthesia	Intensive Care Unit
Appearance Center	Internships
Area of Greatest Need	Mammography
Area of Greatest Need Endowment	McIntosh Endowment
Asthma	Meals for Families
Bed Addition	Medical Equipment
Cancer Center Education	Mohl Family Endowment
Cancer Resource Center	Northeast Nebraska Child Advocacy
Cardiac Services	Nursery
Cardiac Services Endowment	Nursing Services
Cardio Pulmonary	Nutrition Services
Cardio Pulmonary Rehab	Obstetrics
Carson Cancer Vans	Orthopedics
Carson Cancer Center Endowment	Outpatient Clinic
Carson Regional Cancer Center	Palliative Care
Charity Care	Patient Education
Clinical Decision Unit	Patient Access/Escorts
Clinical Trials for Cancer	Pediatrics
Diabetic Center	Performance Improvement
Dialysis	Pharmacy
Education	Psychiatric Services
Education Endowment	Quality and Med Staff Services
Employee & Medical Staff Education	Radiology
Emergency Department	Radiology and Nursing Scholarships
Environmental Services	Rehab Central
Froehlich Hospice Endowment	Respiratory Therapy
Guest Services	Social Services
Healing Garden	Spiritual Care
Health Information	St. Joe's/Skyview
Health Resource Center	St. Joe's Nursing Home Endowment
Home Health Care	Stanton Health Center
Hope Fund	Surgical Services
Hospice	Wound Center