



Your Generosity Makes a Difference!

YES! I would like to help advance excellence in healing, caring and teaching.

I would like to contribute:

\$50 \$100 \$250 \$500 \$1,000 Other \$ _____

Please designate my gift:

Hospital or Entity

- UnityPoint Health Foundation
- Iowa Methodist Medical Center
- Iowa Lutheran Hospital
- Blank Children's Hospital
- Methodist West Hospital
- John Stoddard Cancer Center
- Taylor House Hospice
- UnityPoint Hospice

Restrict Gift to this Area

- Operations
- Capital Improvements
- Equipment
- Festival of Trees & Lights
- Hops for Hospice
- Rally Against Cancer
- Westerberg Celebration
- Other:

In Memory Of:

Name: _____

In Honor Of:

Name: _____

**indicate acknowledgement address for memorial and/or honor gifts below*

Payment Method:

Enclosed is my check for \$ _____ (made payable to UnityPoint Health Foundation)

Please charge my: Mastercard Visa Discover

Credit Card #: _____ Expiration Date: _____ CVV: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address (optional): _____

Relationship to Honoree (if applicable): _____

Signature: _____

***Memorial & Honor Gift Acknowledgement**

Please send an acknowledgement of this gift to:

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Please print this form and mail it with your contribution to:
UnityPoint Health Foundation
1415 Woodland Avenue, Suite E-200, Des Moines, IA 50309
515-241-6304