



# UnityPoint Health

## Grinnell Regional Medical Center Foundation

I/We would like to support UnityPoint Health®—Grinnell Regional Medical Center Foundation with a gift of \$ \_\_\_\_\_.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

My employer \_\_\_\_\_ will match \$ \_\_\_\_\_ of this gift.

**Please print name(s) as you wish it to appear in the donor journal and donor wall recognition:**

I prefer that my gift remain anonymous.

Please contact me to set up a monthly withdrawal from my bank account.

Please send information about how to include Grinnell Regional Medical Center Foundation in my estate plan.

Grinnell Regional Medical Center Foundation has been named in my will. Please contact me regarding membership in the Legacy Partners.

Contributions to Grinnell Regional Medical Center Foundation, a 501(c)(3) nonprofit organization, are tax-deductible to the greatest extent of the law.

This gift is made  
in memory of \_\_\_\_\_.  
in honor of \_\_\_\_\_.

Please send acknowledgement to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Please direct my gift to:**

- Unrestricted  Endowment
- Medical Equipment  Hospice Program
- Other: \_\_\_\_\_

**Payment options**

**Online**—please make a gift online at [unitypoint.org/grinnell/foundation](http://unitypoint.org/grinnell/foundation)

**Check**—Please make your check payable to:  
Grinnell Regional Medical Center Foundation  
210 4th Avenue  
Grinnell, IA 50112

**Credit Card**—  
Card Number: \_\_\_\_\_  
Exp. Date: \_\_\_\_ / \_\_\_\_ (Month/Year)  
3 Digit Security Code: \_\_\_\_ \_

Signature: \_\_\_\_\_

### Grinnell Regional Medical Center Foundation mission:

To enhance **philanthropic** activities to ensure the UnityPoint Health®—Grinnell Regional Medical Center’s mission of improving the health of the people and communities served.

*On behalf of all we may help through your generosity, our deepest thanks.*