



YES! I want to improve the health of my community with a gift of:

\$1,000 \$500 \$250 \$100 \$50 \$25 Other \$ _____

Please use my gift as follows:

- Barren River Adult Day Care
- Cal Turner Extended Care Pavilion
- Commonwealth Health Free Clinic
- Commonwealth Regional Specialty Hospital
- Emergency Medical Services
- Hospitality House
- The Medical Center at Bowling Green
 - Cancer Treatment Center of Southern Kentucky
 - Emergency Department
 - Health & Wellness Center
 - Heart Institute
 - Home Care
 - Obstetric Services
 - Pediatric
 - Radiology
- The Medical Center at Franklin
- The Medical Center at Scottsville
- Carrel K. Sumner Family Memorial Scholarship Fund
- Floyd H. Ellis Family Memorial Scholarship Fund
- Where the health need is greatest
- Other services and programs not listed: _____

My gift is made: * (please check one)

- In memory of In honor of In celebration of

Send an acknowledgement of my commemorative gift to:

Name _____

Address _____

City _____

State _____ Zip _____

** Commemorative gift amounts are kept confidential*

Name _____

Please print your name as you want it to appear on donor listings

I do not wish my name to appear on donor listings

Address _____

City _____

State _____ Zip _____

Daytime Phone: (____) _____

My gift is eligible to be matched by my employer. I've enclosed my company's matching gift form.

Contributions are tax deductible as allowed by current law. The Foundation recommends that you check with your personal tax advisor as to the deductibility of your gift.

*Please make your check payable to **Commonwealth Health Foundation** and return with the completed form to:*

Commonwealth Health Foundation
800 Park Street
P.O. Box 1868
Bowling Green, KY 42102-1868
Fax #: (270) 745-1518



www.CommonwealthHealthFoundation.org

Your contribution is greatly appreciated.