



Logansport Memorial Hospital Foundation Donation Form

We appreciate any gift that you are willing to provide for LMHF. Your tax-deductible contribution, no matter the amount, indicates that you believe strongly in the mission at Logansport Memorial Hospital, for our patients and for our community.

Donor Information

Name _____
Address _____
City, State, Zip _____
Phone _____ Email _____

- I would like to receive email communication and updates from the Logansport Memorial Hospital Foundation.
- Anonymous Donation -- I wish to NOT have my name listed in any donor recognition materials.

Donation Options

My gift is enclosed in the amount of: \$ _____ Visa Master Card Discover
 Cash Name on Card _____
 Check made payable to the Logansport Memorial Hospital Foundation Card Number _____
 Credit Card: 3-Digit Security Code _____ Expires _____

*In order to process a credit card payment you must include an email address at the top of the form. Thank you.

Gift Designation

- Unrestricted Fund**
By designating to this fund, your contribution will be responsibly allocated to fulfill the most current hospital or community needs and initiatives.
- You may further designate your gift to any of the following funds if you would like to contribute to a specific area.*
 - Capital Projects Fund
 - Cardiac Rehab Fund
 - Chapel Fund
 - Charitable Services Fund
 - Community Education Fund
 - Diabetes Education Fund
 - Employee Crisis Fund
 - Equipment and Technology Fund
 - Trails Maintenance Fund

Signature

Your signature is required to authorize your LMHF contribution .

Signature _____ Date _____

Thank you for your generosity. We Appreciate your support! Federal Tax ID # 35-1631001
Logansport Memorial Hospital Foundation
1101 Michigan Avenue, Logansport, IN 46947