

# Memorial Hospital Foundation & Memorial Hospital



Name of Individual(s): \_\_\_\_\_

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How you would like your name or your business name to show in the credits portion of the documentary:

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Contact name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

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

\_\_\_\_ Silver 5 Star Credit supporter: \$100 - \$499

\_\_\_\_ Gold 5 Star Credit supporter: \$500 and above

\_\_\_\_ I would like 100% of my contribution to go toward the **Memorial Hospital Foundation Endowment**.

\_\_\_\_ I would like 100% of my contribution to go toward the **2021 Hancock Village project** funded through Memorial Hospital Foundation.

Payment of \_\_\_\_\_ is enclosed.

Checks should be made out to **Memorial Hospital Foundation**.

**FORM MUST BE RETURNED WITH MONEY BY MARCH 10<sup>TH</sup>, 2021.**

Thank you for your continued support of Memorial Hospital Foundation. We are excited for this international exposure for our Memorial Hospital team. The hard work and dedication they have shown in delivering the Service Excellence Initiative has resulted in our 5 Star rating from the Centers for Medicare and Medicaid. This **30 minute documentary** is being produced and paid for by Custom Learning Systems. Your contribution **does not** go to production costs. Your contribution fully supports your local healthcare services through the Memorial Hospital Foundation.

Please contact Greta Wetzel at 309-221-7286 or [gwetzel@mhtlc.org](mailto:gwetzel@mhtlc.org) or Jennifer Garner at 217-357-8568 or [jgarner@mhtlc.org](mailto:jgarner@mhtlc.org) if you have any questions.

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