

## Gifts of Love

I am enclosing a gift in the amount of \$ \_\_\_\_\_

In memory of \_\_\_\_\_

Send acknowledgment to:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Donor:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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

Please contact me with further information concerning Edwards County Healthcare Foundation and ways of giving will, trust, life insurance or special gifts.