

THE GIVING WALL

# Regional Medical Center®

## DONOR INFORMATION

Date \_\_\_\_\_  
Name(s) \_\_\_\_\_  
Address \_\_\_\_\_  
City/St/Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

## PLEDGE

- ☐ I/we are committing to a one-time gift of \$ \_\_\_\_\_ is enclosed.
- ☐ I/we pledge a total of \$ \_\_\_\_\_ to be paid over \_\_\_\_\_ years (up to 3 years)  
with \_\_\_\_\_ installments of \$ \_\_\_\_\_ made: ☐ Annually ☐ Semiannually ☐ Quarterly  
The first payment to begin on (date) \_\_\_\_\_.
- ☐ I/we would like to be contacted about including Regional Medical Center in my will.
- ☐ I/we would like to be contacted about ways to donate stock, grain, or other commodities.

## THIS GIFT IS MADE (CHECK ALL THAT APPLY)

- ☐ in our name (as noted above) ☐ anonymously
- ☐ in memory of OR ☐ in honor of \_\_\_\_\_
- ☐ to be used as RMC deems appropriate
- ☐ to RMC's Endowment Fund through the Community Foundation of Greater Dubuque
- ☐ to a specific department \_\_\_\_\_

## TO PAY BY CHECK

Please make checks payable to Regional Medical Center. Send this completed form with payment to Regional Medical Center, ATTN Donations, PO Box 359, Manchester, IA 52057.

Donor Signature

Date

Donor Signature (optional)

Date

## WHO IS ON THE WALL

The Giving Wall recognizes those who have contributed cumulative gifts of \$1000+.

## NAMING OPPORTUNITIES

\$15,000 | Specialty Clinic Exam Rooms  
\$15,000 | Sleep Study Rooms  
\$25,000 | Medical/Surgical/Intensive Care Inpatient Rooms  
\$25,000 | OB & Family Health Inpatient Rooms  
\$30,000 | Specialty Clinic Ophthalmology Exam Room  
\$50,000 | Emergency Department Trauma Room



**QUESTIONS?**  
*Valerie Lindsay*

Volunteer Services & Fund Development Manager  
563-927-7534  
donations@regmedctr.org

Regional Medical Center is a not-for-profit, 501(c)(3) public hospital.  
All gifts are tax deductible to the extent of law.