

Yes! I will support healthcare in our communities with a gift to the West Central Iowa Healthcare Foundation.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I would like to give a gift of \$ _____ I have enclosed my check. *

*Please make checks payable to WCIHF

I would like to make payments: Twice a year Quarterly Monthly

I will be making my payment online at www.wcihf.org

Here is how I would like my name(s) to appear in recognitions: _____

I do not want my name included and would like to remain anonymous.

I would like additional information on using planned gifts to benefit the West Central Iowa Healthcare Foundation.

Please return to WCIHF, Att: Annual Giving, PO Box 204, Manning, IA 51455

We do not share your email. Occasionally, however, we will send you updates about activities at the West Central Iowa Healthcare Foundation and the Manning Regional Healthcare Center/Family Recovery Center/Manning Plaza. Please check below if you would prefer not to receive our email newsletters.

Please don't include me in your email news

We welcome your comments: