

**Yes! I would like to invest in the work of the Community Health Foundation  
with a tax-deductible donation.**

**Donation amount:** \_\_\_ \$25 \_\_\_ \$50 \_\_\_ \$100 \_\_\_ \$250 \_\_\_ \$500 \_\_\_ \$1000

\_\_\_ Other amount \$ \_\_\_\_\_

**Please direct my donation to:**

- \_\_\_ Unrestricted, to be used where need is greatest
- \_\_\_ Women's Health and Reproductive Health and Education Fund
- \_\_\_ Community Health and Wellness Fund
- \_\_\_ Faye M. Flack Health and Wellness Fund

*(Please note: CHF makes every effort to honor your designation. However, we reserve the right to apply funds to another purpose if, in the sole judgment of the Board of Trustees of CHF the original designation becomes in effect unnecessary, incapable of fulfillment, or inconsistent with the charitable needs of the community).*

**My donation is:**

In honor of: \_\_\_\_\_

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

**Please send an acknowledgement of my gift to:** *(dollar amount will not be disclosed)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, city, state, zip code)

**Donor Information:** *(information with an asterisk is required in order for us to issue a receipt)*

Name\*: \_\_\_\_\_

Address\*: \_\_\_\_\_  
(Street, city, state, zip code)

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

*All information provided by donors is protected by the Foundation's privacy policy.*

**Please mail completed form along with your check payable to the  
Community Health Foundation to:**

200 Medical Center Drive  
Springfield, Ohio 45504  
Attention: Joy Rogers, Director

**Thank You!**