

Pavers/Seat Wall Donation Form

Yes, I want to support Lakes Regional Healthcare!

If you have questions, please call our Foundation Director at 712-336-8799. Thank you for your gift.

I would like to give a gift of:

- \$200 for an engraved brick paver

Please list exactly what you want engraved on the paver: _____

- \$400 for an engraved seat wall

Please list exactly what you want engraved on the seat wall: _____

- Other: \$ _____

I would like my gift to go to:

- The area of greatest need

- A designated department or service (please list): _____

Please designate my gift (optional):

- In Memory Of: _____

- In Honor Of: _____

If this is a memorial or honor gift, whom can we notify of your gift?

Name _____

Address: _____

City, State, Zip: _____

Please make checks payable to LRHF and mail your gift and this form to:

Lakes Regional Healthcare Foundation

Attention: Jennifer Gustafson

PO Box AB

Spirit Lake, IA 51360

- Yes, I give permission to publicly recognize my gift. Please list my/our name as:** _____
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