



## Harrison County Hospital Foundation, Inc. Donation Form

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Amount of Gift: \_\_\_\_\_ ☐ Please check here if you wish your gift to remain anonymous

*Please make check payable to Harrison County Hospital Foundation, Inc.*

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This gift is ☐ in memory of \_\_\_\_\_  
☐ in honor of \_\_\_\_\_

The HCH Foundation will send an acknowledgement of your gift (the amount remains confidential) to the person or family you designate as follows:

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

Relationship to honored individual: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mail Donations to:  
Harrison County Hospital Foundation, Inc.  
1141 Hospital Drive NW  
Corydon, IN 47112-9985

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The HCH Foundation's sole mission is to enhance the Hospital's ability to serve the people of our community. Gifts to our non-profit Foundation support timely investments in improved facilities and equipment and expanded services, all directly supporting the healthcare needs of our community. All gifts are tax deductible and promptly acknowledged by the Foundation staff. If you have questions about our gifting programs or the Hospital, please call the Foundation Office at (812) 738-8762.

*The Harrison County Hospital Foundation & Harrison County Hospital  
sincerely thank you for your support.*