

# DeKalb Memorial Hospital

## Building Fund



### DeKalb Memorial Hospital

Established in 1964, as an independent, not-for-profit, acute care facility, funded entirely by private donations.



**We are proud to recognize and say thank you to our contributors!**

We remain committed to offering services and programs that better serve our patients. Our continued growth through building and renovation projects is one way we strive to fulfill our promise in **bringing better healthcare closer to you.**

The DeKalb Memorial Hospital Building Fund is a tax deductible program in which 100% of contributions fund such projects. A special donor wall has been erected as an important symbol of donor recognition and appreciation.

For those interested in contributing to DeKalb Memorial Hospital's future through participation in the Building Fund, please provide the requested information on the form below. If you would like additional details on this or other contribution options, please contact our Community Relations Coordinator, Cheryl Clark at 260.920.2518, or visit our website at [www.dekalbmemorial.com](http://www.dekalbmemorial.com).

**Return to DeKalb Memorial Hospital Building Fund Attn: CFO, 1316 East Seventh Street, Auburn, Indiana 46706**

**Yes! I want to make a contribution to the Building Fund.**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Giving Levels	
Friend	\$ 250 - \$ 499
Supporter	\$ 500 - \$ 1,499
Cornerstone	\$ 1,500 - \$ 3,499
Patron	\$ 3,500 - \$ 9,999
Benefactor	\$10,000 and over

Please indicate the amount gift \$ \_\_\_\_\_

DeKalb Memorial Hospital is a not-for-profit 501 (c)(3)  
 Gifts are tax deductible to the full extent provided by law.

**Building Fund Fulfillment Card Method of Payment**

Check Please make your check payable to:  
 DeKalb Memorial Hospital Building Fund

Credit Card  Visa  MasterCard

Card # \_\_\_\_\_ Exp. \_\_\_\_\_

Signature \_\_\_\_\_

**Examples of suggested formats for donor(s) name**

- Select a donor name format below  
 Limit characters to 30 per line for donor(s) name(s)  
 Limit characters to 60 for business or organization name
- (We) wish my (our) name(s) to appear in recognition as...
- Example 1: (Dr. Jim & Mary Smith)
  - Example 2: (Jim & Mary Smith)
  - Example 3: (Jim & Mary Smith & Family)
  - Example 4: (Jim, Mary, Sue & Joe Smith)
  - Example 5: (Jim Smith)
  - Example 6: In Memory of (Select Format)
  - Example 7: Business or Organization Name
  - Wish donation to remain anonymous

\_\_\_\_\_  
 Print Donor(s) Name(s) Above

**1316 East Seventh Street, Auburn IN 46706 · [www.dekalbmemorial.com](http://www.dekalbmemorial.com)  
 Hospital 260.925.4600 · Community Services 260.920.2518**