

## Pavers/Seat Wall Donation Form

Yes, I want to support Lakes Regional Healthcare!

If you have questions, please call our Foundation Director at 712-336-8791. 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* 15 characters per line including spaces, 3 lines max

- \$400 for an engraved seat wall

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* 15 characters per line including spaces, 5 lines max

- 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: Sonja Hamm

PO Box AB

Spirit Lake, IA 51360

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