BUILDING THE FUTURE OF EMERGENCY CARE

GIFT OF GRAIN DONATION FORM

Donor Name(s)_____

Organization (if applicable) _____

Address_____

City_____ State_____ Zip_____

Email_____ Phone_____

Type of Grain_____ Amount of Grain_____

I WISH TO TRANSFER THE ABOVE GRAIN TO BENEFIT LAKES REGIONAL HEALTHCARE FOUNDATION

Signature_____

Date_____

Grain Elevator and Phone Number _____

GRAIN ELEVATOR OPERATORS:

Please contact Lakes Regional Healthcare Foundation below to create an account and set up grain disposition instructions.

Please send or email this form, along with appropriate documentation to:

LAKES REGIONAL HEALTHCARE FOUNDATION
PO Box AB | Spirit Lake, IA 51360

Katy Carey, Director of Philanthropy
Kathleen.Carey@lakeshealth.org
712-339-6710

Sonja Hamm, Vice President of Human and Foundation Resources
Sonja.Hamm@lakeshealth.org
712-336-8791