



# COMMUNITY HEALTHCARE SYSTEM®

To make a tax-deductible gift, print and complete this form and mail to:  
CFNI Development Office, 905 Ridge Road, Munster, IN, 46321.

Please indicate where you would like your gift applied:

- Community Hospital  
(Checks payable to Community Hospital)
- St. Catherine Hospital  
(Checks payable to St. Catherine Hospital)
- St. Mary Medical Center  
(Checks payable to St. Mary Medical Center)
- Community Stroke and Rehabilitation Center  
(Checks payable to Community Stroke and Rehabilitation Center)
- Apply my gift where it's most needed
- Cancer Research Foundation Key of Hope  
(Checks payable to Cancer Research Foundation)
- Cancer Resource Centre Book Donation  
(minimum \$25 donation per book)  
(Checks payable to Cancer Research Foundation)
- Cancer Resource Centre Memorial/Tribute Gift  
(Checks payable to Cancer Research Foundation)
- Cardiovascular Research  
(Checks payable to Community Foundation of N.W. Ind.)

Gift Amount \$ \_\_\_\_\_ Date \_\_\_\_\_

I would like my gift designated specifically for *(optional)* \_\_\_\_\_  
Name specific service, department, etc.

Donor Information: (please print)

Mr.  Mrs.  Ms.  Mr. & Mrs.  Other \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

If your gift is in honor or memory of someone, please complete the following section and an announcement will be sent to the specified person(s).

My gift is -

In Memory of: \_\_\_\_\_

In Honor of: \_\_\_\_\_

Please send announcement to:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Questions can be directed to the Development Office at 219-836-0130.  
All donations are 100% tax deductible.  
Community Healthcare System thanks you for your generous support.