



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

- | | |
|--|--|
| <input type="checkbox"/> Community Hospital
(Checks payable to Community Hospital) | <input type="checkbox"/> Apply my gift where it's most needed |
| <input type="checkbox"/> St. Catherine Hospital
(Checks payable to St. Catherine Hospital) | <input type="checkbox"/> Powers Health Cancer Research Foundation
(Checks payable to Powers Health Cancer Research Foundation) |
| <input type="checkbox"/> St. Mary Medical Center
(Checks payable to St. Mary Medical Center) | <input type="checkbox"/> Cancer Resource Center Memorial/Tribute Gift
(Checks payable to Powers Health Cancer Research Foundation) |
| <input type="checkbox"/> Powers Health Rehabilitation Center
(Checks payable to Powers Health Rehabilitation Center) | |

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.

Powers Health thanks you for your generous support.