



Harrison County Hospital Foundation, Inc.
Donation Form

Donor: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Amount of Gift: _____ Please check here if you wish your gift to remain anonymous

Please make check payable to Harrison County Hospital Foundation, Inc.

This gift is in memory of
 in honor of _____

The HCH Foundation will send an acknowledgement of your gift (the amount remains confidential) to the person or family you designate as follows:

Name: _____

Relationship to honored individual: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mail Donations to:
Harrison County Hospital Foundation, Inc.
1141 Hospital Drive NW
Corydon, IN 47112-9985

The HCH Foundation's sole mission is to enhance the Hospital's ability to serve the people of our community. Gifts to our non-profit Foundation support timely investments in improved facilities and equipment and expanded services, all directly supporting the healthcare needs of our community. All gifts are tax deductible and promptly acknowledged by the Foundation staff. If you have questions about our gifting programs or the Hospital, please call the Foundation Office at (812) 738-8762.

*The Harrison County Hospital Foundation & Harrison County Hospital
sincerely thank you for your support.*