

[Office Use Only - Date Recd: _____]

[Office Use Only]

Ex: _____

DONATIONS AND MEMORIAL CONTRIBUTIONS

Donation in honor of _____

Memorial in memory of _____

El Riad Hospital Transportation Fund \$ _____

TY: _____

El Riad Hospital Transportation Endowment Fund \$ _____

El Riad Keith Rose Endowment Fund \$ _____

Unit and Expense Loan Fund \$ _____

Shriner's Hospitals for Children \$ _____

Hospital? Twin Cities ___ Chicago ___ Cincinnati ___ \$ _____

*Given by: _____

ACK: _____

Address _____

City _____ State _____ Zip _____

Phone # _____

*Please acknowledge my gift to: _____

Address _____

City _____ State _____ Zip _____

[Office Use Only - Date Recd: _____]

[Office Use Only]

Ex: _____

DONATIONS AND MEMORIAL CONTRIBUTIONS

Donation in honor of _____

Memorial in memory of _____

El Riad Hospital Transportation Fund \$ _____

TY: _____

El Riad Hospital Transportation Endowment Fund \$ _____

El Riad Keith Rose Endowment Fund \$ _____

Unit and Expense Loan Fund \$ _____

Shriner's Hospitals for Children \$ _____

Hospital? Twin Cities ___ Chicago ___ Cincinnati ___ \$ _____

*Given by: _____

ACK: _____

Address _____

City _____ State _____ Zip _____

Phone # _____

*Please acknowledge my gift to: _____

Address _____

City _____ State _____ Zip _____