



Expanding Exceptional Care” Campaign Form

A Community Campaign for Clarinda Regional Health Center’s Expansion

The “Expanding Exceptional Care” Campaign is an effort by the Clarinda Medical Foundation, Partners in Exceptional Care, to support the expansion project of the Clarinda Regional Health Center. Funds raised from this campaign will help with building and renovation projects that will take place throughout the hospital and clinics, as well as outside the hospital in the new Physical Therapy Building. Donors will be recognized on a special campaign donor wall inside the hospital.

I pledge a TOTAL of \$ _____ to Partners In Exceptional Care and their
“Expanding Exceptional Care” Campaign.

☐ Enclosed Find \$ _____ **AND/OR** I will contribute \$ _____ annually:

☐ 1 Year ☐ 2 Years ☐ 3 Years

I would like to contribute real estate, grain or equities in the amount of \$ _____

Please list asset: _____

Donor(s) Name: _____

Print Name(s) as
you’d like them for
Public Recognition: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Telephone: _____

Naming opportunities are available for donations of \$2,500 or more. Each naming opportunity will be prominently displayed at or near the named location and is a wonderful way to memorialize loved ones, to honor your family, or your business.

☐ By checking this box, I agree to have my name (not donation amount) listed by Partners in Exceptional Care in campaign promotional activities (i.e. campaign progress ad in newspaper)

Signature: _____ Date: _____