



**Boulder City Hospital
Foundation**

In Support of Boulder City Hospital

DONATION FORM

Thank you for supporting the Boulder City Hospital Foundation. The Boulder City Hospital Foundation is a 501(c)(3) non-profit organization. The Foundation raises money for the Hospital, which relies upon donations from the community in order to continue to meet its mission of providing high quality healthcare to all, regardless of ability to pay. We appreciate your support; Thank you for your donation!

Name : _____

Home Address: _____ City: _____ State: _____

Phone: () _____ Email Address: _____

Enclosed is my gift for:

\$2,500 \$1,000 \$500 \$100 \$50 \$25 Other \$ _____

For donations by check: Please make checks payable to **Boulder City Hospital Foundation**.

For donations by credit card:

I authorize the following charge of \$ _____ to be placed on my ___ VISA ___ MasterCard ___ Discover

Card number: _____ Expiration Date: ____/____/____

Name as printed on card: _____

Cardholder's Signature: _____ Date: _____

We would like to recognize you for your generous gift. Please list your name as you would like it to be displayed in any public recognition: _____

Would you like to receive information and updates about Boulder City Hospital via email? Yes No

**Return Form to:
Boulder City Hospital Foundation
909 Adams Blvd, Suite 106
Boulder City, Nevada, 89005**

**For questions, please contact Wendy Adams, Boulder City Hospital Foundation
at (702) 293-0214 or email: wendy@bouldercityhospital.org**

THANK YOU FOR YOUR SUPPORT!