



## DONATION FORM

*Thank you for supporting the Boulder City Hospital Foundation.  
The Boulder City Hospital Foundation is a 501(c)(3) nonprofit 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 quality healthcare to all, regardless of ability to pay.*

***We appreciate your support. Thank you for your donation!***

Name:

Home Address:

City: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Phone:

Email Address:

***Enclosed is my gift in the amount of:***

\$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: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Date: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

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:

Name: \_\_\_\_\_

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

Return Form to:  
Boulder City Hospital Foundation  
1000 Nevada Way, Suite 101  
Boulder City, Nevada, 89005

For questions, please contact Wendy Adams, Boulder City Hospital Foundation  
at (702) 293-0214 or email: [foundation@bchnv.org](mailto:foundation@bchnv.org)

**THANK YOU FOR YOUR SUPPORT!**