

GIFT CARD



Antelope Memorial Hospital
Healing Body, Mind and Spirit

Name: _____

Address: _____

City: _____ State: _____ Zip _____



Individual Business Trust or Foundation

I/we would like to help Antelope Memorial Hospital reach the "\$1,000,000 Goal" to ensure quality health care for people in and around Antelope County.

I/We pledge \$_____. Attached is \$_____. The balance of \$_____ will be paid:

Annually; Semi-annually; Quarterly; Monthly (in amounts of) \$_____ for _____ years, beginning _____

or as follows: _____

Options of payment: Cash Stocks Bonds Grain Livestock Property Trust Will

Signature: _____

Make checks payable to: **AMH Building Project**

This is neither a legal document nor a binding contract.

Commemorative Reservation

If you would like your gift to be a commemorative gift "in honor of," or "in memory of," please indicate your choice below. Please print exact wording.

Memorial Selected: _____

Remarks: _____

In honor of (name): or _____

In memory of (name): or _____

Provider (subscriber's name): _____

Please check one of the following:

This is an anonymous donation. AMH may recognize this gift on a commemorative wall.

Please mail completed form to:

Antelope Memorial Hospital
Attn: Dennis Cannon
P.O. Box 229
Neligh, NE 68756