

Healthcare close to home - a very important component of quality living in our rural area. The Syringa Hospital Foundation Board of Directors continually works hard to raise funds for the future equipment and facilities needs of Syringa Hospital & Clinics. Technology is ever changing, as are new breakthroughs in diagnostics and treatment. Syringa Hospital is committed to keeping current, allowing them to give you and your loved ones the best possible healthcare, right here at home.

We are extremely grateful for the many gifts we receive each year which allow us to make contributions to important services and equipment for our patients. Your tax deductible donations can be made monthly, annually, or as a one-time gift. These gifts can be earmarked for a specific purpose, or designated to the area of greatest need. Your donation can be made at any time, or in tribute to mark special occasions. Celebrate birthdays, wedding anniversaries, graduations and new babies. Convey holiday wishes or give thanks for a recovery from an illness. Honor the memory of a family member or friend. Or, recognize a member of your healthcare team who made your stay with us more comfortable.

To make your gift, simply fill out the form, below, and send your contribution along with the form to Syringa Hospital's Foundation Director, Laurie Rockwell, at 607 W Main Street, Grangeville, ID 83530. If you choose to make a donation in tribute or memory of someone special or for a special occasion, an acknowledgement is sent immediately to the person or family you designate, notifying them of your gift without mention of a specific amount. You will receive a separate acknowledgement in the form of a receipt in the amount of your contribution. The names of those honored will be listed in our Syringa Hospital Foundation Annual Report to the Community.

Please let us hear from you! Your comments and suggestions are a welcome contribution. For additional information regarding gifts to the Syringa Hospital Foundation, call (208)507-0439 or write to us at **Syringa Hospital Foundation, 607 West Main Street, Grangeville, Idaho 83530**. Please make your checks payable to the **Syringa Hospital Foundation**. To make a donation with a credit or check card, please visit our website's donation page at **www.syringahospital.org** to print the necessary form.

By sharing your gifts with us, healing truly begins with you.

Enclosed is my gift of \$_____ to benefit the following (please check):

Emergency/Trauma Cardiac Care Family Maternity Pediatric Care Rehabilitation Radiology Laboratory
 Facilities Improvements Tuition Assistance Program Area of Greatest Need Other _____

From: _____
PLEASE PRINT NAME

Address: _____
PLEASE PRINT ADDRESS City, State Zip Code

Your gift may be made in tribute to someone special in your life or in memory of a family member or friend.

My gift **IS NOT** made in memory/honor of anyone. My gift **IS** made in memory/honor of _____

If your gift is made in honor/memory of someone, please complete the section below:

Please send notification of this gift to: _____
PLEASE PRINT NAME

Address: _____
PLEASE PRINT ADDRESS City, State Zip Code



Mail this completed form along with your donation to:
Syringa Hospital Foundation
607 W Main Street
Grangeville, Idaho 83530