

2010 Annual Fund Drive

All donors will be recognized in GRMC's Annual Report according to the following categories:

- UP TO \$99
- \$100 TO \$249
- \$250 TO \$499
- \$500 TO \$999
- \$1,000 TO \$2,499
- \$2,500 TO \$4,999
- \$5,000 TO \$9,999
- \$10,000 & ABOVE

If you have any questions or comments regarding your gift for the Annual Fund Drive, please contact the Office of Development at 641-236-2961 or muitermarkt@grmc.us

Grinnell Regional Medical Center is a non-tax supported, nonprofit organization. Gifts to this drive are tax deductible as permissible by law.

Make a gift online!

Visit our website at www.grmc.us, click on the quick links menu on the upper right side of the page, and select "Giving to GRMC" to go to our secure web page.

Name _____
 Address _____
 City _____ State _____ Zip _____
 E-mail Address _____ Home Phone _____
 Employer _____ Business Phone _____
 Spouse's Employer _____ Spouse's Business Phone _____

I/We wish to contribute \$ _____ to the Grinnell Regional Medical Center annual fund drive.

Please print your name as you will like it to appear for donor recognition purposes: _____

- I/We wish to make our contribution by check. *(Please make payable to Grinnell Regional Medical Center.)*
- I/We wish to make my/our gift in regular payments in the following manner:
- Monthly automatic withdrawal from my/our bank in the amount of \$ _____ (\$10 minimum) (\$5 initial set-up fee plus \$1 monthly transaction fee for non-Grinnell State Bank customers.)
- Bank name: _____ Account Number: _____
- Credit Card — MasterCard Visa Discover
- \$ _____
- Card No. _____ Exp. Date _____
- Signature _____ Print name _____

- Gift of Grain: _____ bushels of corn/soybeans
- Please send me monthly/quarterly/annual pledge reminders beginning the month of _____
- I wish to remain anonymous.
- I wish to designate this gift for (please check one):
- | | | |
|---|--|---|
| <input type="checkbox"/> Where It Is Needed Most | <input type="checkbox"/> Community Care Clinic | <input type="checkbox"/> Nutritional Services |
| <input type="checkbox"/> Wheelchairs | <input type="checkbox"/> Patient Activities | (patient trays and cafeteria chairs) |
| <input type="checkbox"/> Bike Helmet Distribution | <input type="checkbox"/> Other _____ | |

- My gift qualifies for my Employer's Matching Gift Program. (Please enclose employer's matching gift form.)
- I'm interested in information about gifts of stock, grain, real estate, or including GRMC in my will. Please contact me at _____.
- No, I do not wish to support the annual fund drive.

Signature _____ Date _____

Gifts received by December 31, 2010, will be included in the 2010 annual fund drive. Gifts received after January 1, 2011, will be recognized in the 2011 annual fund drive.