

The LMH Fund

Please accept my gift of \$ _____ to the LMHS Fund.

I would like to be recognized at the following level:

Circles of Giving

- ___ Donors Circle (\$25-\$99)
- ___ Friends Circle (\$100-\$249)
- ___ Patrons Circle (\$250-\$499)
- ___ Champions Circle (\$500-\$999)

- ___ Presidents Circle (\$1,000-\$4,999)
- ___ Cornerstone Circle (\$5,000-\$9,999)
- ___ Visionaries Circle (\$10,000 and Up)

Name _____

(print as you wish to be listed in Foundation Publications)

Home Phone _____ Work Phone _____

Address _____

City _____ State _____ Zip _____

Email _____

Please charge my ___ Visa ___ Mastercard ___ Discover

For the amount of \$ _____

Account No. _____ Exp. Date _____

Signature _____

- I have named Lima Memorial Health System in my will.
- Please send me information on how a gift to the Foundation can generate income for life.
- I would consider Lima Memorial in my estate planning, but not at this time.
- This gift is in memory of: NAME _____
(Deceased loved one)
- This gift is made in honor of: NAME _____
(Birthday, wedding, anniversary, other special occasion)
- Please keep my gift anonymous.
Please dedicate my support to the following area:
 - Unrestricted
 - Where the Need is Greatest
 - Charitable Assistance
 - Other _____

- Please send acknowledgement, without mentioning the amount, to:
Name _____
Address _____
City _____ State _____ Zip _____

Please make checks payable to:
Lima Memorial Foundation
1001 Bellefontaine Avenue
Lima, OH 45804

Your contribution is tax deductible
in accordance with IRS regulations.
Feel free to call the Foundation with any
questions you might have at (419)226-5087.



Lima Memorial Foundation