

In memory of a friend or relative who has passed away, have you ever considered "leaving a legacy" through a contribution to the Foundation at West River Health Services? You decide the amount, whom it's in memory of, where you want it to go, and where you'd like us to send acknowledgement - your Foundation will do the rest. All you need to do is complete the Foundation Donor Card below.

In Memory Of: _	•	y gift of \$	
Please place my gift (circle):	Grateful Givers	roes Endowment WH L Club Scholarship A Phys Recruitment Endo	mbulance
Name of Contributor:			
City:		State:	Zip:
Email:			
Send Acknowledgment to:			
Address:			
City:		State:	Zip:

Please clip and mail to: WRHSF, 1000 Highway 12, Hettinger, ND, 58639-7530. Or drop it by the WRHS Foundation office any time. Please make checks payable to WRHSF.



Thanks for considering the importance of our area's future healthcare, while at the same time leaving a legacy "In Memory" of your family or friends. Together we are making a difference.