

# Donation Form

With so many worthwhile charities out there, how do you decide who to help? Why not start close to home? Your gift to the Rooks County Healthcare Foundation will help pay for state of the art technology and expanded health care services that you truly deserve.

Enclosed is my Gift of \$ \_\_\_\_\_

Rooks County Healthcare Foundation (RCHF)

Please use where most needed.

Rooks County Health Center (RCH)

Please use where most needed.

Please apply to the following program or department:

\_\_\_\_\_

As a Memorial or Tribute to:

\_\_\_\_\_

Stockton Medical Clinic

Rooks County Transportation Service

Nursing Homes

Solomon Valley Manor

Redbud Village

Ambulance Services (Rooks County EMS)

Rooks County Cancer Council

**Payment Details** \_\_\_\_\_

One-time Contribution Amount: \$ \_\_\_\_\_

Gift of Property  Stocks  Other (please list below)

\_\_\_\_\_

Automatic Recurring Withdrawal: (Complete the following)

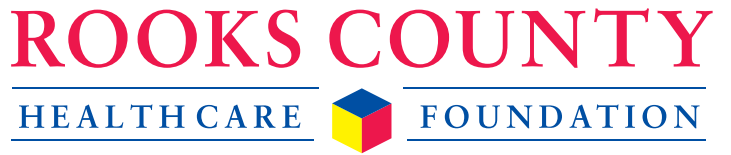
Contribution Amount: \$ \_\_\_\_\_

First Withdraw Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Frequency:  Weekly Day (Circle One) **M** **Tu** **W** **Th** **F**

Semi-Monthly Days \_\_\_\_\_ & \_\_\_\_\_

Monthly Days \_\_\_\_\_



PO Box 184  
Plainville, KS 67663

Credit Card (circle one):    Other: \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ CVV Code: \_\_\_\_\_  
Month Year

Direct Withdrawal

(Complete the following or include a voided check or savings deposit form.)

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Checking Account  Savings Account

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_

## YOUR CONTACT INFORMATION:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Return form to RCH Admissions or mail to:  
Rooks County Healthcare Foundation, PO Box 184, Plainville KS 67663