



Clara Barton FOUNDATION

MEMBERSHIP DRIVE 2024 - 2025

Your support is important in assisting Clara Barton Medical Center in continuing its tradition of quality health care.

Name _____

Address _____

City _____

State _____ Zip _____

Email _____

Preferred Phone (_____) _____

The Foundation's Membership levels are as follows:

_____ Individual Membership	\$25.00
_____ Family Membership	\$50.00
_____ Business Membership	\$100.00
_____ Sustainer Membership	\$250.00
_____ Pacesetter Membership	\$500.00
_____ Partner Membership	\$1,000.00
_____ Leader Membership	\$2,500.00
_____ Visionary Membership	\$5,000.00
_____ Guardian Membership	\$10,000.00
_____ Special Project Gift	\$_____

Total Amount Enclosed \$ _____

Please accept my membership by credit card:

VISA MasterCard Discover

Card Number Exp. Date CVV Code

Signature

Date

Please contact me about including CBH Foundation in my will or estate plans.

***We welcome membership online at
www.clarabartonhospital.com/donate***

Contributions are tax deductible as allowed by law.

PLEASE MAKE CHECKS PAYABLE TO:

Clara Barton Hospital Foundation

P.O. Box 25 | Hoisington, KS 67544

QUESTIONS? Call 620-292-0814