



# Clara Barton

FOUNDATION

## MEMBERSHIP DRIVE 2025 - 2026

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](http://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**