

Your **NEW** Decatur County Hospital Coming in 2012

"Professional Neighbors Caring for You"



The new 47,300 square foot replacement facility will be built at a cost of \$15.8 million. The new facility's design will offer more privacy, efficiency and an annual utility savings of \$2 per square foot.

Ways You Can Help

Gift Recognition Levels

Professional	\$50,000+	Neighbor	\$500 - \$9,999
Leader	\$25,000 - \$49,999	Friend	Up to \$499
Patron	\$10,000 - \$24,999		

Naming Opportunities

Patient Wing	\$200,000	Lab	\$25,000
Surgery Department	\$200,000	Helipad	\$25,000
Radiology Department	\$200,000	Mammography	<i>SOLD</i>
Specialty Clinic	\$200,000	Patient Rooms (10 rooms available)	\$20,000
Emergency Department	\$150,000	Pediatric Room	<i>SOLD</i>
Infusion Room	\$100,000	Pharmacy	\$15,000
Cardiac/Pulmonary Department	\$50,000	Physician's Sleep Room	\$15,000
Physical Therapy/Occupational/Speech	\$35,000	Landscaping	<i>SOLD</i>
Cafeteria	\$30,000		

**** All Contributions are TAX DEDUCTIBLE**

If you have any questions please call 641-446-2339.



GIFT AMOUNT _____

DONOR INFORMATION

Check here if you wish to remain anonymous

First Name _____ Last Name _____

Organization/Group _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ E-Mail _____

Is this a memorial gift? Yes No

Name of person/family gift is in memory of _____

Is this gift in honor of someone or family? Yes No

Name of person/family gift is in honor of _____

The Hospital will notify the honor gift recipient or next of kin for a memorial gift, if requested. The Hospital will only provide gift notification and will not specify the amount of the gift. If you request notification, please provide the information below.

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____

Please designate my gift for:

Unrestricted (use for greatest need)

Directed (specific department/room/area) _____

*****All contributions are TAX DEDUCTIBLE*****

Please print this form and mail, along with check to:
Decatur County Hospital, 1405 NW Church St., Leon, IA 50144