

BROADLAWNS MEDICAL CENTER FOUNDATION

Yes, I want to help Broadlawns in “Caring for Our Community.”

Enclosed is my check for \$ _____ made payable to:

BMC Foundation, PO Box 5008, Des Moines, IA 50306-5008

I will send my gift of \$ _____ on ___ / ___ / ___. Please send me a reminder on ___ / ___ / ___.

Please charge my credit card for \$ _____

American Express Discover Mastercard Visa

Card Number: _____ Exp. Date: _____

Name as it appears on card: _____

Signature: _____

My (Our) name: _____
(as you would like to be listed for recognition purposes)

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

I have included Broadlawns Medical Center Foundation or one of its programs in my estate plan.
(Please contact us so that we can assure your gift intentions.)

I would like information on remembering Broadlawns in my estate plan.

Double the power of your gift. Ask your employer about a matching gift program!

Your gift may be tax-deductible as prescribed by law.

We kindly thank you for your support!