

Yes, I want to support Lakeview Health Services Foundation with a gift!

Enclosed is a gift of \$ _____

- to be used in the discretion of the Foundation's Board of Directors for the general purpose of its programs.
- or designated for _____

Unless designated, all gifts received by LAKEVIEW HEALTH SERVICES FOUNDATION will be used for resident needs, capital improvements, education, and other special projects.

This gift is given

- In memory of _____

- In honor of _____

- In appreciation of _____

- Special occasion _____

Name _____
Address _____
City, State, Zip _____
Telephone _____
Email Address _____

You will receive a receipt for your gift.

- I would like someone to personally contact me regarding giving opportunities at Lakeview.

Please notify the following of my gift:

Name _____
Address _____

** Gifts are tax deductible.*

** Please make your check payable to:
Lakeview Health Services Foundation*

***Your tax-deductible gifts to Lakeview Health Services Foundation are greatly appreciated!
THANK YOU!***