

Hoven Healthcare Fund Contribution Form
PO Box 158 - Hoven SD 57450

YES! - We will help our hospital to continue serving our needs.
(Please fill in appropriate blanks - remember - immediate funds are sorely needed.)

Today's gift - \$ _____

Tomorrow's pledge for the next 5 years - \$ _____
(_____ monthly, _____ quarterly, or _____ yearly)

Please print and return with your deductible contribution:
(PO Box 158 - Hoven SD 57450)

Name _____

Address _____

Use of Funds:

- Doctor search
- Current bills - utilities, medical supplies, insurance coverage, salaries
- Facility maintenance
- Future healthcare plans

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