



With **your** help, we are building tomorrow's hospital today.

Harrison County Community Hospital Foundation



2600 Miller Street
Bethany, MO 64424
www.hcchospital.org • (660) 425-0301

Planned Giving: Naming the HCCH Foundation
as beneficiary in a will, insurance policy, or other asset

•
Memorial donations in honor of a loved one

•
Immediate donations of cash, stocks, bonds,
securities, real estate, or other assets

*There are many ways you can contribute to the
Harrison County Community Hospital Foundation*



A local **hospital**
has the power to add
great **strength** to its
community...

just as a **community**
has the power to add
great **strength** to its
hospital.

Since its earliest days, our local hospital has been strengthened by generous community members who recognized the value of a strong hospital with steadfast commitment to the health and well-being of area residents.

Land for Noll Memorial Hospital, which would become Harrison County Community Hospital in 1990, was donated by private landowners. Donated funds also purchased many original furnishings and much of the early medical equipment.

The Harrison County Community Hospital Foundation advances this tradition of community support by raising funds for diagnostic and lifesaving

equipment, new technologies, and other hospital needs. Our communities may be small, but we believe residents deserve quality care close to home.

You can contribute to the Foundation in many ways—immediate donations of cash or other assets, memorial funds contributed in honor of a loved one, or bequests listed in a will.

Because Harrison County Community Hospital Foundation, Inc., is a 501(c)(3) nonprofit organization, donations are tax deductible to the extent of the law.

You can help keep our local hospital strong—equipped with the latest technologies and patient services—by making a tax-deductible donation today.

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Will you help strengthen your community hospital?

Yes, I would like to support the HCCH Foundation. My donation of \$_____ is enclosed.

Make checks payable to HCCH Foundation and send to *HCCH Foundation, 2600 Miller Street, Bethany, MO 64424.*

Name: _____

Address: _____

Phone: _____ E-mail: _____

I would like to learn more about supporting the Foundation. Please contact me.

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