



South Davis Community Hospital
Charitable Foundation

Richard S. Prows, Foundation Chairman
William P. Moore, Vice Chairman
W. Dean Belnap, M.D., Secretary

Chris Baum, Trustee
Joey Hedberg, Trustee
Annie B. Hedberg, Trustee
Helga H. Swanson, Trustee

Dear SDCH Foundation:

Yes, I want to help SDCH continue to meet the needs of the children, patients and families they serve by making a contribution. Please accept my donation:

- Here is my gift to the Foundation in the amount of \$ _____
and my check is enclosed made *payable to* South Davis Community Hospital
- Please charge my credit card a one-time amount for \$ _____

VISA MasterCard Discover

Card # _____

Expires _____ / _____ Card ID# _____

Signature _____

Name _____

Address _____

City _____ State _____ Zip _____

(If using a credit card, this must be the billing address your credit card company has)

I want my contribution to go to:

- Where the need is greatest – general Foundation funds
- Pediatrics unit
- Hospice and Home Health unit
- South Davis Community Hospital capital funds for new building/expansion project

Donation is made in memory of _____

401 South 400 East - Bountiful, UT 84010 - (801)-295-2361 - Fax 801-295-1398

SDCH is a 501(c)(3) Not-for-Profit organization

www.sdch.com