

It starts WITH YOU, the challenge is on...

\$5 \$10 \$25 \$50 \$250 Other \$ _____

Name _____ Recognition Name _____

Office Location or Team _____

I would like my gift to support: Area of Greatest Need Local OP Office _____
 Women's Recovery Center Other _____

• **Cash or Check:** Please make checks payable to Mind Springs Health & return to Development Office

• **Payroll Deduction or Credit Card:** Donate online at www.BuildingSanctuary.org/Employee-Giving

Thank You!

Mind Springs Health and West Springs Hospital are 501(c)3 non-profit organizations. Your contribution is tax deductible to the extent allowed by law. For more information about the employee giving campaign please contact our Development Department at Philanthropy@MindSpringsHealth.org or 970.384.3042

I would like to make my gift

in honor of in memory of

Name(s)

Please send notice of my gift to:

Name(s)

Mailing Address

City, State, Zip