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

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

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

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