

One Time Gift Form

Thank you for your decision to make a One Time gift to the "Imagine What We Can Do Together" Campaign.

Please print this page, complete it, and bring it to the Foundation Office, located in the lower level of the Locken Lobby, or return the form to the address below.

Mail to: Sioux Valley Foundation 1305 West 18th Street PO Box 5039 Sioux Falls, SD 57117-5039

First Name _____ Last Name _____ SSN _____ - _____ - _____

Home Address _____ City _____ State _____ Zip _____

Spouse Name - Optional _____ (Will be used for acknowledgement and recognition purposes)

I work for:

- Sioux Valley Hospital / Health System Department
- Sioux Valley Clinic
- Sioux Valley Regional Health Services

Please accept my gift of \$ _____

To support the following area(s): Your gift will be equally divided between your selections below and endowed when applicable:

- | | |
|--|--|
| <input type="checkbox"/> Where the need is greatest (Unrestricted Endmnt.) | <input type="checkbox"/> Trauma Center of Excellence |
| <input type="checkbox"/> Employee Crisis Fund | <input type="checkbox"/> Hospice Fund |
| <input type="checkbox"/> Sanford Challenge Fund | <input type="checkbox"/> Education and Research Fund |
| <input type="checkbox"/> Children's Miracle Network (CMN) | <input type="checkbox"/> Music Therapy Fund |
| <input type="checkbox"/> Cancer Center of Excellence | <input type="checkbox"/> Chaplaincy Services Fund |
| <input type="checkbox"/> Children's Center of Excellence | <input type="checkbox"/> Child Life Fund |
| <input type="checkbox"/> Heart Center of Excellence | <input type="checkbox"/> Child's Voice Fund |
| <input type="checkbox"/> Ortho / Neuro / Rehab Center of Excellence | <input type="checkbox"/> Other Fund - _____ |

My gift is made in Honor / Memory of _____ (optional)
(circle selection)

I wish to remain anonymous

I understand that all personal information will be kept confidential. The Sioux Valley Foundation does not provide goods or services as whole or partial consideration for any contribution.

Signature _____ Date: _____

Thank You!