

Donor Information



Please print this form, complete it and mail it with your check payable to:
HCI Foundation, 2910 Westown Parkway, Suite 200, West Des Moines, IA 50266-1332.

This gift is from: (Please print)

First name: _____ Last name: _____

Address: _____

City: _____ State: _____ Zip/Postal code: _____

Country: _____

Email address: _____

Daytime phone: _____

Evening phone: _____

PAYMENT OPTIONS

I want to make a contribution of \$ (US Currency): \$ _____

A check payable to HCI Care Services

Charge my gift to: Visa MasterCard Discover

Credit card number: _____

Expiration date (mm/yy): _____

Credit card signature: _____

ACKNOWLEDGEMENT

Please make this gift: In Memory of In Honor of

Name: _____

Please notify the following person(s) that this gift has been made to HCI Care Services:

First name: _____ Last name: _____

Address: _____

City: _____ State: _____ Zip/Postal code: _____

Email address: _____

Your donation will be acknowledged to the family or individual you indicate. The amount of the gift is shown only on the letter mailed to you as a receipt for your tax records.

We are pleased your gift qualifies as a charitable deduction. You have not received any goods or services in exchange for your charitable gift.

ADDITIONAL INFORMATION

Please send me information about including HCI Care Services in my will.

My company will match my gift. The appropriate form is enclosed.

Thank you for your generosity. We value your support and trust.

Please send your completed form and check or credit card information to:

HCI Foundation

2910 Westown Parkway, Suite 200, West Des Moines, IA 50266-1332

(515) 274-3400 or (800) 806-9934