



PAWNEE VALLEY COMMUNITY HOSPITAL  
**FOUNDATION**

***YES! I want to ensure quality healthcare for the future in  
Pawnee County.***

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Enclosed is my gift of \$ \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please use my gift where most needed

Please apply my gift to the following program:

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Please send information about including PVCH Foundation in my estate plans.

**Make checks payable to: Pawnee Valley Community Hospital Foundation**

**Mail to:**  
923 Carroll Street  
Larned KS 67550

*Do you have questions about making a gift?*

*Or you would like to discuss gift options?*

Please call Pawnee Valley Community Hospital Foundation at  
(620) 285-8840 for additional questions and information.