



CLARA BARTON Foundation

MEMBERSHIP DRIVE 2019 - 2020

Your support is important in assisting Clara Barton Hospital in continuing its tradition of quality health care.

Name _____
Address _____
City _____
State _____ Zip _____
Email _____
Home Phone (____) _____
Cell Phone (____) _____

The Foundation's Membership levels are as follows:

_____ Individual Membership	\$25.00
_____ Family Membership	\$50.00
_____ Business Membership	\$100.00
_____ Sustainer Membership	\$250.00
_____ Pacesetter Membership	\$500.00
_____ Partner Membership	\$1,000.00
_____ Special Project Gift	\$_____

Total Amount Enclosed \$ _____

Please accept my membership by credit card:

☐ VISA ☐ MasterCard ☐ Discover

Card Number Exp. Date CVV Code

Signature Date

- ☐ Double your contribution through your company's matching gift program. Contact your HR or Community Relations department to find out how you can participate.
- ☐ Please contact me about including CBH Foundation in my will or estate plans.

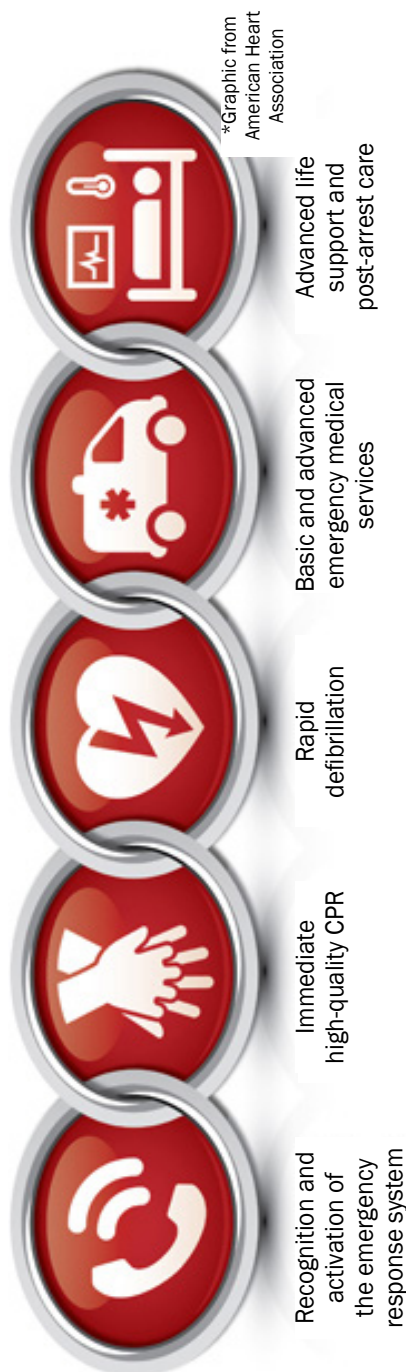
We welcome membership online @ www.clarabartonhospital.com

Contributions are tax deductible as allowed by law.

Please make checks payable to:
Clara Barton Hospital Foundation
P.O. Box 25 | Hoisington, KS 67544

CHAIN OF SURVIVAL

Be part of the link that can improve chances of survival and recovery for cardiac arrest.



IN ONE YEAR ALONE, 475,000 AMERICANS DIE FROM A CARDIAC ARREST.

Globally, cardiac arrest claims more lives than colorectal cancer, breast cancer, prostate cancer, influenza, pneumonia, auto accidents, HIV, firearms, and house fires combined.