

Mission Statement

The **Nash Health Care Foundation** exists to support Nash Health Care Systems' efforts to provide quality health care services. The Foundation solicits, safeguards and disperses funds for health care, health education, wellness and disease and injury prevention for the residents of Nash County and its surrounding communities.

Your gift to the Nash Health Care Foundation is tax-deductible.

Enclosed is a contribution of \$ _____ to the Nash Health Care Foundation for the development and support of future health services.

If this is a memorial or tribute, please complete this section.

In honor of _____

In memory of _____

Donor name _____

Send acknowledgment to _____

Address _____

Phone _____

I/we have included Nash Health Care Foundation in my/our will or estate plan.

Please send information on Planned Giving Programs

Nash Health Care Foundation, 2460 Curtis Ellis Drive, Rocky Mount, NC 27804 www.nhcs.org

