

# It starts **WITH YOU**, the challenge is on...

\$5     \$10     \$25     \$50     \$250     Other \$ \_\_\_\_\_

Name \_\_\_\_\_ Recognition Name \_\_\_\_\_

Office Location or Team \_\_\_\_\_

**I would like my gift to support:**     Continuum of Care     Local OP Office \_\_\_\_\_  
 West Springs Hospital     Other \_\_\_\_\_

• **Cash or Check:** Please make checks payable to Mind Springs Health & return to:  
Development Department  
c/o Finance Department  
715 Horizon Drive, Ste 225  
Grand Junction, CO 81506

• **Payroll Deduction or Credit Card:** Donate online at [www.MindSpringsFoundation.org/Employee-Giving](http://www.MindSpringsFoundation.org/Employee-Giving)

## Thank You!

Mind Springs Health and West Springs Hospital are 501(c)3 non-profit organizations. Your contribution is tax deductible to the extent allowed by law.

For more information about the employee giving campaign please contact our Development Department at [Philanthropy@MindSpringsFoundation.org](mailto:Philanthropy@MindSpringsFoundation.org) or 970.384.3042

I would like to make my gift  
 in honor of     in memory of

\_\_\_\_\_  
Name(s)

Please send notice of my gift to:

\_\_\_\_\_  
Name(s)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip