Giving Opportunities

Individuals and businesses have the opportunity to support Saline Memorial Hospital through giving opportunities established by the Saline Memorial Health Foundation. Your generous gift has a tremendous impact on the lives of others and there are many different ways to show your support. Below you will find the giving levels available for the Saline Memorial Health Foundation. We want to show appreciation to our donors and recognize your investment towards the health of our community. Your giving not only enhances healthcare today, but our hope is that it will inspire others to give in the future.

Annual Giving

These gifts are given per calendar year.

Friend	**$101.00-$499.99**
Associate	**$500.00-$999.99**
Fellow	**$1,000.00-$2,499.99**
Leader	**$2,500.00-$4,999.99**
Diplomat	**$5,000.00-$9,999.99**
Ambassador	**$10,000 and above**

The Legacy Circle

Membership in The Legacy Circle is an honor reserved for those individuals whose cumulative giving has reached 25,000 or more. These donors have demonstrated an extraordinary measure of philanthropic support to SMH.

Visionary	**$25,000**
Humanitarian	**$50,000**
Trustee	**$100,000**

Please contact us for details regarding a level that interests you or other giving opportunities such as memorial and tribute gifts, planned giving, or naming opportunities. Gifts will be directed to areas most in need. However, if you prefer, you may ask that your gift benefit a specific health care area that is meaningful to you or your loved ones.

All donor levels and recognition benefits are listed on our website. Please visit SalineMemorial.org for more information.

See reverse side to start giving today!

Make a difference through a tax-deductible gift.

Name: ______________________________

Address: ______________________________

City: ____________________ State: __________ ZIP: __________

Email: ____________________ Phone: ____________________

My donation will be: ☐ Monthly ☐ Quarterly ☐ Annually ☐ One-time Only

FOR CHECK DONATIONS

Please make check payable to **Saline Memorial Health Foundation**

Enclosed is my check in the amount of $ ____________________

Please fill out this form and mail to:

Saline Memorial Health Foundation
1 Medical Park Drive
Benton, AR 72015

FOR CREDIT CARD DONATIONS

Please bill my credit card in the amount of $ ____________________

Name on card: ______________________________

Type of credit card:
☐ Visa ☐ MasterCard ☐ American Express
☐ Discover ☐ Other____________________

Credit card number: ______________________________ Exp. Date: ____________________

Card security code: __________ Signature: ______________________________