

MISSION STATEMENT

“The Oakes Community Hospital Foundation shall be operated exclusively to support, for the benefit of, and to carry out the purposes of the Oakes Community Hospital. The Foundation will solicit, receive and disburse contributions, grants, and other funds in furtherance of the objectives of the Oakes Community Hospital.”

I wish to make a memorial donation to the Oakes Community Hospital Foundation.

*This gift will be used to further the mission of the Foundation.
Additional information can be obtained by calling (701) 742.3291.*

In memory of _____

Gift in the amount of _____

(Please make payable to the Oakes Community Hospital Foundation.
Gifts are tax deductible to the fullest extent allowed by current laws.)

Please send acknowledgment of this gift to:

Name _____

Address _____

City _____ State _____ Zip _____

Your Name _____

Address _____

City _____ State _____ Zip _____

Telephone () _____



**To make your memorial donation to the
Oakes Community Hospital Foundation,
please print out the above page, fill it out and mail to:**

**Oakes Community Hospital Foundation
1200 N. 7th St.
Oakes ND 58474**

Thank you.