

FROM PAGE ONE

Clara Barton

a new source of funds. Hoisington's hospital has served the area's residents for 40 years. As it has done since 1950, the Clara Barton Hospital wants to provide excellence in family health care for generations to come.

Make no mistake. The increasing costs and complexities of health care are driving many hospitals from their rural communities. Lost are not only the medical benefits for the community's families, but gone are also the economic benefits that a hospital and its employees bring to a community. The hospital currently employs about 70 people.

This is where the Clara Barton Foundation can help. It is primarily concerned with securing and expending financial aid for the operation,

maintenance, and expansion of the hospital. A foundation membership drive is under way and within a few months some other fund-raising activities will be conducted.

"In the spirit of Clara Barton, we've looked to ourselves for the solution," the hospital's new brochure states. "Clara Barton never waited for government help. Where there was a need, she took her compassion and innovation."

Perhaps, Ike Walter, hospital board chairman, said it best: "Local people solve local problems best."

I tip my hat to Hoisington. I feel confident that Clara Barton Hospital will remain operational for many years because local people are determining the future of their community and their medical facilities.

Yes! I want to support the Clara Barton Hospital Capital Campaign.

If you would like to make a donation to the *Complete the Dream... Continue the Vision* capital campaign, in support of Clara Barton Hospital's Therapy Services and Laundry Facility Expansion Project, please cut out this pledge card, fill it out, and return to:

Clara Barton Hospital Foundation, PO Box 25, Hoisington, KS 67544

Gifts are fully tax-deductible, to the extent provided by law. Please consult your tax preparer. Questions? Please call the Foundation or Campaign office at (620) 653-5012.

Name: _____
 Home Phone: _____ Email: _____
 Address: _____ City: _____ State/Zip: _____

I commit to a total contribution of \$ _____, to be paid over _____ years:

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Starting: ____ / ____ / ____
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Payment Amount: _____ Amount Enclosed: _____

Payment Information: Cash Check: # _____

Credit Card: # _____
 Expiration Date: ____ / ____ 3-digit Security Code: _____
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Dated: _____ Signature: _____

Thank you! Can we recognize your generous gift?

I agree to allow Clara Barton Hospital and Foundation to use my/my family's name as a donor.
 Please list as: _____

I prefer that my gift be anonymous.

My gift is in honor/memory of _____
 Please notify them at this address: _____

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