



Mission

The mission of Nevada Regional Medical Center's Foundation is to secure private gift support for the hospital, Moore-Few Care Center, Barone Alzheimer's Care Center, and Home Health/Hospice; and to support the health care mission of NRMCM.

The primary purpose is to pursue important community health care needs. Today, health care needs are greater than ever and Nevada Regional Medical Center proudly offers excellent medical services to meet these needs.

The cost of providing quality health care continues to increase at rapid levels. Nevada Regional strives to maintain the latest technological advances, as well as staying up-to-date with changing community needs and continual demand to upgrade and improve equipment and services. These require funding beyond patient revenues.

*"We make a living by what we get,
but we make a life by what we give."*

Winston Churchill



Ways to Give

Donors may designate gifts be used where most needed or be used to support specific NRMCM programs and services. Donors may also make contributions in memory of a loved one or friend or to honor someone on a special occasion.

An acknowledgment card will share your name and the purpose of your gift with your designated honoree or family without mentioning any amount. All contributions to the Foundation are tax deductible.



Tree of Life

Recognition on the *Tree of Life* can be achieved two ways:

- * A donor's total donations reach the \$500 or more level, or
- * Total donations received in honor or memory of an individual, family or group reach the \$500 or more level.

Recognition levels are:

Leaf	\$500 - \$999
Rock	\$1,000 - \$1,499
Boulder	\$1,500 - \$2,499

Total donations of more than \$2,500 are recognized on the *Wall of Appreciation*.

**For more information,
contact the NRMCM Foundation at
(417) 448- 3609.**



Gift Card

To help support the NRMCM Foundation, enclosed is (my/our) tax deductible contribution in the amount of: \$_____

Name _____

Address _____

City _____

State _____

Zip _____

Telephone _____

This gift is to be used where most needed.

Please designate this gift for: _____

This gift is being made...

In honor of _____

In memory of _____

All honor and memorial gifts are acknowledged promptly with a card to the individual or family. The amount of your gift is not mentioned.

Please send an acknowledgment to:

Name _____

Address _____

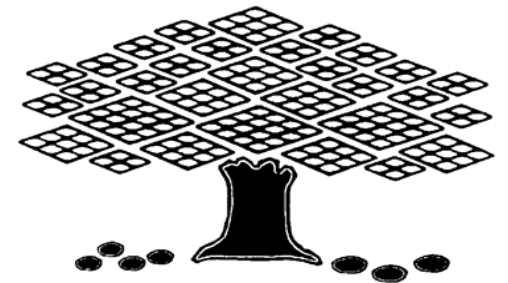
City _____

State _____

Zip _____

Please make checks payable to
NRMCM Foundation and mail to:
**NRMCM Foundation
800 S. Ash
Nevada, MO 64772**

*Nevada Regional
Medical Center
Foundation*



Tree of Life

**NRMC Foundation
800 S. Ash St.
Nevada, MO 64772
(417) 448-3609**