



## Donation Form

Rivercross Healthcare utilizes contributions to support patients who may need food, supplies or clothing that is not within their financial means. Sometimes after an extended illness, one's personal finances can be depleted & your generous donation will help people who are struggling.

Your kindness and support is so very appreciated as we at Rivercross Healthcare are dedicated to providing and promoting the best quality of care to patients and families facing end-of-life issues.

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In Loving Memory of: \_\_\_\_\_

Send Acknowledgement to: \_\_\_\_\_

Acknowledgement Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please address checks to Rivercross Healthcare. Fill out the form above and mail it along with your check or money order to:

Rivercross Healthcare  
Attn: Donations  
PO BOX 781097  
Wichita, KS 67278



Please note Rivercross Healthcare is not a 501 (c)(3) organization therefore, gifts are not tax deductible.