



W.C. Heiam Medical Foundation

- In support of the Cook Hospital -

YES, I'D LIKE TO SUPPORT THE W.C. HEIAM MEDICAL FOUNDATION

Enclosed is my/our gift of: __\$25 __\$50 __\$100 __\$250 __\$500 __\$1,000 __\$2,500 __Other

This gift is in memory of:_____

Please send acknowledgement of gift to:_____

Your name(s)_____

Address_____

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Please make checks payable to: W.C. HEIAM MEDICAL FOUNDATION

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