



Yes! I want to make an impact on the health of others in my community with this Gift of Grain!

Please direct my gift to: HSHS St. John's Hospital Greatest Needs St. John's College of Nursing
 HSHS St. John's Children's Hospital Prairie Heart Fund

Your name: _____ Public recognition listing: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

I (we) pledge a total of ____ (number) bushels of _____ (type of commodity to HSHS St. John's Foundation).
I am relinquishing control of this commodity and request that all future costs incurred be billed to St. John's Foundation.

Buyer or elevator name: _____

Contact Person: _____

Contact phone number: _____

Expected delivery date of commodity: _____

Signature _____ Date: _____

Gifts to HSHS St. John's Foundation are tax deductible to the extent allowed by law.