

MEMORIAL INFORMATION FORM



UnityPoint Health

John Stoddard Cancer Center

In Memory (circle one) of: _____
Title First Middle Initial Last

1. Designate memorial money to a UnityPoint Health- Des Moines facility: (check one)

- _____ Iowa Lutheran Hospital _____ Blank Children's Hospital
_____ Iowa Methodist Hospital ___X___ John Stoddard Cancer Center
_____ Methodist West Hospital

2. Designate memorial money to a project area: (check or name one)

_____ Area of Greatest Need Other: _____

3. Have checks payable to the facility and note the memorial name on the memo line. Mail checks to:

**UnityPoint Health Foundation – Des Moines
1415 Woodland Avenue, E-200
Des Moines, IA 50309**

The UnityPoint Health Foundation will provide a tax receipt to the donor per IRS guidelines.

4. Send Memorial Acknowledgment report to:

The person listed will receive an initial listing of all donors, and of any new donors, twice a month. The list will include only names and addresses of donors - no dollar amounts will be included.

Name _____

Address _____

City _____ State _____ Zip _____

Relationship to deceased _____ Phone # _____

5. Form completed by: _____ Date: _____