



**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.*