

Charitable Association

Yes! I want to ensure quality healthcare for the future at Ransom Memorial Hospital.

Enclosed is my gift of \$ _____

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

Please use my gift where most needed.

Please apply my gift to the following program:

Please send information about including RMH Charitable Association in my estate plans.

Make Checks payable to: Ransom Memorial Hospital Charitable Association

Mail to:

RMHCA

c/o Kaci Brady

1301 S. Main St.

Ottawa, KS 66067

*Do you have questions about making a gift?
Or you would like to discuss gift options?*

Please call Kaci Brady at (785) 248-2911 or email kbrady@ransom.org for additional questions and information.