



Jacobson Memorial Hospital Foundation

Gifts of Grain

YES, WE WANT TO GIVE A GIFT OF GRAIN

I/we _____

hereby gift _____ (number of bushels)

of _____ (type of grain) to the Jacobson Memorial Hospital Foundation.

I understand that I will transport the gifted grain to be sold on behalf of the Jacobson Memorial Hospital Foundation (JMHF). The Jacobson Memorial Hospital Foundation is a charitable organization under section 501(c)(3) of the Internal Revenue Code. Please consult your tax advisor regarding the deductibility before this gift is made.

___ A check mark here indicates this grain does NOT have a lien against it; or a lien waiver from the lender is attached if this grain does have a lien against it.

Signature(s) _____

Printed name(s) _____

Date of gift _____

Address _____

City _____ State _____ ZIP _____

Telephone number _____

I will transport the gifted grain to the following facility on behalf of the JMHF:

Name of elevator, location and phone number:

Please return form to:

Foundation Director, JMHF, P.O. 367, Elgin, ND 58533.

If you have questions, contact Theo Stoller at 701-584-2792 or e-mail tstoll@jmhcc.org.