

Acknowledgement of Gift to the Foundation for Columbus Public Health

By signing below, I acknowledge that this gift does not represent payment of any financial obligation, nor do I expect any personal benefit from this charitable gift.

Printed Name: _____

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This completed form and your check may be mailed to:

The Columbus Foundation
Foundation for Columbus Public Health
11234 East Broad Street
Columbus, Ohio 43205-1453

Thank you for supporting Columbus Public Health as we *protect health and improve lives* in our community.

3/15/22

