

# needs list

PLEASE APPLY MY DONATION TO:  
(CHECK THE BOX BELOW)



Southwest Health  
FOUNDATION

## ☐ AREA OF GREATEST NEED

### Pediatric ENF-XP Scopes (\$6,000)

- ☐ This advanced scope enables the Ear, Nose, and Throat (ENT) team to thoroughly examine even the **smallest patient's nasal cavity, larynx, and pharynx.**

### CO2 Incubator (\$7,000)

- ☐ A CO2 incubator processes microbiology samples to create stable conditions. The mighty cell needs **optimal conditions to survive and grow.**

### Bladder Scanner (\$11,500)

- ☐ This portable ultrasound device **accurately measures** bladder volume and determines if further interventions are needed.

### Fetal Monitor Carts (\$24,000)

- ☐ New Fetal Monitor Carts are modern and functional to **enhance mobility and create a more comfortable environment for labor and delivery.**

### Ultrasound Machine (\$75,000)

- ☐ Used by the Orthopedic Institute team, this ultrasound machine **identifies anatomy to guide precise injections.**



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☐ \$1,000 + ☐ \$500 ☐ \$250 ☐ \$100 ☐ Other \$ \_\_\_\_\_



Or, give online at [www.southwesthealth.org/giving/donate-online/](http://www.southwesthealth.org/giving/donate-online/)



If you have a preference for where your donation is applied, please choose from the options on the back of this card. (Please make checks payable to Southwest Health Foundation.)

- ☐ Send me information about including the Southwest Health Foundation in my will or trust.

Name(s) \_\_\_\_\_

☐ I would like this gift to be anonymous

- ☐ Southwest Health is already in my estate plan.

Address \_\_\_\_\_

- ☐ I would like a tour of your facilities.

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

- ☐ Enclosed are the names of individuals I would like remembered or honored with my tax-deductible gift. I realize my name and the names of these people will be included on the displays at Southwest Health.

Credit Card # \_\_\_\_\_

Exp Date (MM/YY) \_\_\_\_\_

CSV Code \_\_\_\_\_

Signature \_\_\_\_\_

*If you do not wish to receive future fundraising requests for supporting the Southwest Health Foundation, please call 1-855-866-2496, providing your name and address.*