

**Letter from the Producer Regarding a Gift of Grain**

To: Johnson County Hospital Foundation  
202 High St  
Tecumseh, NE 68450  
(402) 335-6366 phone  
(402) 335-5970 fax

I \_\_\_\_\_, hereby gift \_\_\_\_\_ (# of bushels)  
of \_\_\_\_\_ (type of grain) to the Johnson County  
Hospital Foundation.

I will transport the gifted grain to the following facility, at which time it will be sold on  
behalf of the Johnson County Hospital Foundation.

Name of grain elevator \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_

\_\_\_\_\_  
Mailing Address