



William Schaffner

The Vital Margin

Contributions to The William Schaffner Society provide the vital margin that enables Licking Memorial Health Systems to be of special service to you, your family, and the community.

William Schaffner helped to establish quality healthcare in our community. We hope you will join us in our commitment to help ensure the future of critical medical services to improve the health of Licking County residents.

Join The William Schaffner Society online – a new, convenient option to show your support.

Use the QR code below to access Licking Memorial Health Foundation’s secure donation page. Under Donation Type/Comment, please specify your intention to join The William Schaffner Society, your preferred payment plan, and how you wish your name to appear on the membership list and Donor Wall. Thank you for your interest in supporting Licking Memorial Health Systems.



Licking Memorial Health Foundation

1320 West Main Street
Newark, Ohio 43055

(220) 564-4102

LMHealth.org

1955-5006
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The William Schaffner Society



Providing the Vital Margin

The William Schaffner Society

The William Schaffner Society was created in memory of a fellow Licking County member who dedicated his life to providing quality healthcare services to our community. As the first Chair of the Licking County Hospital Commission in 1961, William Schaffner was instrumental in the passage of the county bond issue which financed the construction of Licking Memorial Hospital (LMH). William's commitment to healthcare did not end there. He continued to support LMH by dedicating many long hours as the volunteer construction manager of the new Hospital, and he also served as a member of its Board of Trustees.

William Schaffner was an inspiration to those who met him. His zeal for life and concern for quality healthcare services are permanently etched in the history of LMH. Through William's energy and vision, the Hospital has grown to be a progressive community healthcare facility.

To continue William's commitment to the health of our Licking County community, The William Schaffner Society was founded by the LMH Development Council. The William Schaffner Society was created to lend financial resources to LMH by recognizing individuals for their altruistic and generous support.

Membership Eligibility

Membership in The William Schaffner Society is extended to those who make a contribution of \$10,000 or more, with up to 10 years to fulfill the pledge. This commitment to healthcare excellence may be achieved immediately or through a payment schedule specified by the donor. Gifts to The William Schaffner Society are tax-deductible to the extent allowed by law.

An Invitation

You are cordially invited to join The William Schaffner Society. This group of visionary community leaders will continue the tradition of healthcare excellence that was started by the founders over a century ago. No funds will be used for operating costs of the Hospital.

In Recognition of Your Gift

In grateful appreciation for becoming a member of The William Schaffner Society, your name will be displayed on the beautiful Donor Wall located in the Hospital's Main Lobby. Members' names also are proudly included in important publications, and members are invited to attend a variety of special programs at the Hospital throughout the year.

The William Schaffner Society Statement of Intent

I/We accept your invitation to become a member of The William Schaffner Society. I hereby signify my intention, without in any way legally binding myself or my estate, to contribute as follows:

A total commitment of:

\$10,000 Other \$

This commitment is to be met as follows:

(Please describe payment plans.
Recurring payments may be established.)

Please make checks payable to Licking Memorial Health Foundation. Credit/debit card gifts are accepted online at LMHealth.org or by phone. Please call (220) 564-4102. Gifts are tax-deductible to the extent allowed by law.

Signature

Date

Signature of spouse

Date

Please print how you wish your name(s) to appear on our membership list and Donor Wall. Information other than your name will not be published.

Name

Address

City State Zip

Email Phone

I prefer to remain anonymous.

