



Please accept my gift to the Memorial Healthcare Foundation

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

<i>Please use my gift for</i>	<input type="checkbox"/> Areas of Greatest Need	<input type="checkbox"/> Tree of Life
	<input type="checkbox"/> The Endowment – permanent savings for the future	
	<input type="checkbox"/> other (please describe)	

<i>This gift is given</i>	<input type="checkbox"/> In Memory of _____
	<input type="checkbox"/> To Honor:

<i>Tree of Life Message</i>	
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For gifts of \$100 or more, these Tree of Life messages will be displayed on the Tree in the main lobby of Moundview Memorial Hospital & Clinics

<i>Giving Method</i>	<input type="checkbox"/> I am giving the full amount now
	<input type="checkbox"/> I am making a pledge to billed <input type="checkbox"/> monthly <input type="checkbox"/> quarterly
	<input type="checkbox"/> semiannually beginning in _____ (month)

<i>Payment Method</i>	<input type="checkbox"/> Check or money order payable to MH Foundation (full payment or first pledge installment)
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Credit card (full payment or pledge installments) \_\_\_ MasterCard \_\_\_ Visa \_\_\_ American Express \_\_\_ Discover

Card # \_\_\_\_\_ Expiration \_\_\_/\_\_\_ CVV2 code (back of card) \_\_\_\_\_

<input type="checkbox"/> Electronic Funds Transfer (full payment or pledge installments)
Name of Financial Institution _____ Phone _____
Address _____ City _____ State _____ Zip _____
Account # _____ Account type <input type="checkbox"/> Checking <input type="checkbox"/> Savings

I hereby authorize the Memorial Healthcare Foundation to deduct my gift from the Credit card or account listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I prefer my gift to be listed as anonymous.  Please send no-obligation information on wills and estate planning.

Mail to: Memorial Healthcare Foundation  
PO Box 40  
Friendship, WI 53934-0040