



402 W. Lake Street, PO Box 40
Friendship, WI 53934

Memorial Healthcare Foundation Notification of Contribution

Email address: _____

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

(Please include area code)

Please check the appropriate boxes below. You may select more than one if applicable.

- I have remembered Memorial Healthcare Foundation in my Will.
- I have remembered Memorial Healthcare Foundation in a Pooled Income Fund.
- I have remembered Memorial Healthcare Foundation in a Life Estate Agreement
- I have remembered Memorial Healthcare Foundation in a Charitable Lead Trust
- I have remembered Memorial Healthcare Foundation in an Irrevocable Living Trust
- I have remembered Memorial Healthcare Foundation in a Charitable Remainder Trust
- I have remembered Memorial Healthcare Foundation in a Charitable Gift Annuity
- I would like a representative of Memorial Healthcare Foundation to contact me regarding making a Gift of Stock or Bonds
- I would like to discuss this opportunity to help. Please contact me.

Please fill out this form, and return it to:

Foundation Coordinator
Memorial Healthcare Foundation
PO Box 40
Friendship, WI 53934