

♣ You Wish to Donate

As a donor of \$ _____, to the Memorial Healthcare Foundation you are entitled to a leaf, acorn or stone.

Donors' names are engraved upon the leaves, acorns and stones for the following levels of giving:

- \$100 - \$499 Leaf
- \$500 - \$1,999 Crowned Acorn
- \$2,000 - \$4,999 Contributor Stone
- \$5,000 - \$14,999.....Benefactor Stone
- \$15,000 - \$29,999Supporter Stone
- \$30,000 - \$49,000..... Patron Stone
- \$50,000Sponsor Stone

Along with your donation, please PRINT your desired engraving below:

Suggestions:

In Loving Memory of

Special Thanks to

In Honor of

Contributed by

Donated by: _____

Address: _____

City: _____ State: _____ Zip: _____

Please return to: Foundation Coordinator
 Memorial Healthcare Foundation
 PO Box 40
 Friendship, WI 53934