

MILE BLUFF MEDICAL CENTER FOUNDATION - DONATION FORM

CONTRIBUTION INFORMATION - Please choose from the options below. All gifts are tax-deductible. Thank you!

- Contribution of \$ _____
- cash (submit with form)
 - check (payable to Mile Bluff Medical Center Foundation, submit with form)
 - credit card (provide card information below)
 - Visa Discover Master Card
- Credit card number _____ Expires _____
- Name on card _____ Security code _____
- Signature _____ Date _____

OPTIONAL INFORMATION - Please fill out any of the items below that pertain to your contribution.

- I would like my gift to be used for
- Area of greatest need
 - Employee Scholarship Fund
 - Equipment
 - Nurse Tuition Reimbursement Fund
 - Other: _____
- My contribution is made:
- In memory of
Name of individual: _____ Relationship to you: _____
 - In honor of
Name of individual: _____ Relationship to you: _____
 - Please notify (optional)*
Name _____
Relationship to person being honored/memorialized: _____
Address _____
- *Amount of gift is kept confidential**

DONATION AUTHORIZATION - This section must be completed before returning. Please print your name the way you would like it to appear in future promotion of the foundation and this program. If you prefer to remain anonymous, please check here. I want my gift to be anonymous.

Name _____

Home address _____

Signature _____ Date _____

My signature authorizes my gift as specified above.

Email _____ I would like to receive updates from the foundation.

PLEASE SEND COMPLETED FORM WITH DONATION TO

Mile Bluff Medical Center Foundation | 1050 Division Street | Mauston, WI 53948



**THANK YOU FOR SUPPORTING
THE HEALTH OF OUR COMMUNITY!**

Mile Bluff Medical Center Foundation is a 501(c)(3) nonprofit organization. All donations are tax-deductible.

