

Mile Bluff Medical Center Foundation Donation Form

All contributions, great and small are gratefully accepted.

To make a tax-deductible donation to Mile Bluff Medical Center Foundation, send your gift with this completed form so your gift can be properly acknowledged.

Name: _____
(please print it as you would like it recorded in our donor list)

Address: _____

City, State, Zip: _____

Phone/Email: _____

My/our gift of \$_____ (Check all that apply)

- Is enclosed (please make checks payable to Mile Bluff Medical Center Foundation)
 Is to be charged to my/our credit card.
 Visa MasterCard Discover

Card Number: _____ Expiration Date: _____

Signature: _____

Please apply my gift to: Areas of Greatest Need
 Endowment
 Other: _____

Please accept this gift as a: Tribute to: _____
 In Memory of: _____
 To Celebrate: _____

Please send a notice of my/our gift to: Name: _____

Address: _____

City/St/Zip: _____

I'd like information regarding Planned Giving.
May we publish your name as a donor? Yes No

Your gift is 100% tax deductible within IRS limitations.

Thank you for your kind generosity!

For further information, please contact: Mile Bluff Medical Center Foundation, 1050 Division St., Mauston, WI 53948 or by phone 608-847-1495 or via e-mail at mairth-kindree@milebluff.com