

# Mile Bluff Medical Center Foundation - Donation pledge form

Please print your name the way you would like it to appear in future promotion of the foundation.

Name \_\_\_\_\_

**Contribution information** - Please choose from the options below and indicate the way in which you would like to donate. All gifts are tax-deductible.

Contribution of \$ \_\_\_\_\_

check (payable to Mile Bluff Medical Center Foundation, submit with pledge form)

credit card (provide card information below)

Visa     Discover     Master Card

Credit card number \_\_\_\_\_ Expiration date \_\_\_\_\_ Security code (on back) \_\_\_\_\_

Name on card \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Optional information** - Please fill out any of the items below that pertain to you or your contribution.

I would like my contribution added to the:  equipment fund     Carol Purvis Educational Fund (healthcare career scholarships)     greatest need

*If no selection is made, your gift will be used wherever there is the greatest need.*

My contribution is made:

in memory of the individual named below

in honor of the individual named below

Name of individual \_\_\_\_\_ Relationship to donor \_\_\_\_\_

please notify the following person of this donation (optional)

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_

**Donation authorization** - This section must be completed before returning.

With my signature, I authorize my gift as specified above.    Signature \_\_\_\_\_    Date \_\_\_\_\_

Please note that unless otherwise indicated here, your name may be used in future promotions of the foundation.     I would like my gift to remain anonymous.

Complete and return this form (with payment, if applicable) to Martha Airth-Kindree at 1050 Division Street, Mauston, WI 53948.



**Thank you for choosing to support the health of the community!**

Mile Bluff Medical Center Foundation is a 501(c)(3) nonprofit organization.

All donations are tax-deductible.