Gift & Pledge Statement

CONTACT INFORMATION

Name _____ Organization/Company (if applicable) _____

Address _____ City, State, Zip _____

E-mail address (For campaign updates. Your email will not be shared) _____ Phone _____

GIFT INFORMATION

I/We pledge to contribute a total of $_____ to **For You. With You.**, the community campaign to support the development of Mile Bluff's Gateway building and remodeling of the Emergency Department.

☐ Single Payment

- ☐ My check is enclosed, payable to: **Mile Bluff Medical Center Foundation**
- ☐ Charge my credit card (circle one) Visa / MasterCard / American Express
  (If using a credit card, you can also visit *www.milebluff.com/donate* to make a gift online).

Card #: _____

Exp Date: _____/_____ 3 digit Security code on back of card:_____

☐ Multiple payments - Circle the years over which you will pay your pledge: 2024 2025 2026 2027

How often will you make payments? ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

First gift on: _____ / _____ ☐ Please send me pledge reminders
Month Year

Signature: _____ Date: _____

GIFT RECOGNITION OPTIONS:

☐ Please publicly recognize the gift from: _____
As you wish your name(s) to appear (Limit 50 characters including spaces)

☐ I am interested in the following Named Gift: _____
Refer to list of Named gifts; subject to availability.

☐ This gift is in honor or memory of:_____

☐ Please do not recognize this gift publicly. I wish for the gift to be ANONYMOUS.

Please mail this completed form to:

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

For additional information, or to initiate gifts of stock, please contact: **Katie Nuttall, foundation director at 608-847-2735 or knuttall@milebluff.com.** Mile Bluff Medical Center Foundation is a 501(c)(3) non-profit organization. Gifts to the foundation are tax-deductible as allowed by law.

Thank you for supporting local healthcare!