

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 (to pay online, visit www.milebluff.com/donate)

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
- Building improvements
- Equipment
- Scholarships
- 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 _____

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.

SCAN TO GIVE ONLINE

