



Memorial Hospital Foundation
135 South Gibson Street
Medford, WI 54451

Date: _____

THANK YOU! *We are grateful for your support. Your gift will help provide the means to purchase advanced technology, which will benefit our patients and their families. It will help us provide quality care (physically and emotionally) to every patient regardless of their ability to pay for services. **Your gift to the Memorial Hospital Foundation will make a difference.***

Enclosed is my gift of \$_____ to the Memorial Hospital Foundation.

Your name(s) : _____
Please print. This is what will be published in the annual report and/or on the contributions wall.

Address: _____

Phone: _____ Email: _____

I/we have given to the Memorial Hospital Foundation in the past.

Optional

I/we would like the enclosed gift used for (choose one):

- For the Greatest Good – For the Greatest Need
- Babies – Birthing & Delivery
- Cancer Care
- Heart Care
- Kidney Care
- Surgical Care
- Rehabilitation & Therapy
- Emergency Services
- Senior Care Services

NOTE: If a box above is not checked, the Memorial Hospital Foundation will allocate your philanthropic funds to the service area with the greatest need and/or for the greatest impact and advancement of quality healthcare services that are locally provided by Memorial Health Center.

Signature _____ **Date:** _____

In consideration of this gift, the Memorial Hospital Foundation, a non-profit 501(c) 3, did not supply any goods or services. Contributions to the Memorial Hospital Foundation can be claimed as a charitable deduction if you itemize your income taxes.