

# Winona Health Foundation

## Donor Information

If you prefer to give online: [www.winonahealth.org/foundation](http://www.winonahealth.org/foundation).

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

☐ I prefer to remain anonymous.

## 1. Select a Donation Option

☐ My gift is enclosed in the amount of \$\_\_\_\_\_

☐ Check enclosed made payable to the Winona Health Foundation

☐ Cash

☐ Please charge my: ☐ VISA ☐ MasterCard ☐ Discover ☐ American Express

Card #: \_\_\_\_\_

Security Code: \_\_\_\_\_ Exp. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## 2. Designate Your Gift

Please direct my gift to:

☐ Dialysis

☐ Hospice

☐ Memory Care

☐ Area of Greatest Need

☐ Ben & Adith Miller Patient Care Fund

☐ Other: \_\_\_\_\_

## 3. In Honor/In Memory of (optional)

Please accept this gift:

☐ In honor of ☐ In memory of

Name: \_\_\_\_\_

Please send notification of this gift to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Tributee: \_\_\_\_\_

Please return to: Winona Health Foundation, 855 Mankato Avenue, Winona, MN 55987 • 507.494.7384