Trees of Light

Celebrate a tradition of giving

Please return this form to make a gift in memory or in honor of a loved one who holds a special place in your heart.
Or give online at: ***winonahealth.org/treesoflight***.

Your Name: _____ Address: _____

City, State: _____ Zip Code: _____

☐ Check made payable to **Winona Health Foundation**

☐ Cash

☐ Credit Card: ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Card#: _____

Exp. Date: _____

Name (on card): _____

Phone: _____

Gift Amount:

☐ $1000 ☐ $500 ☐ $250 ☐ $100 ☐ $50 ☐ $25 ☐ $10

☐ $_____

My Total Gift $ _____

☐ I would like my gift to be anonymous

Direct gift to one of the following Winona Health Foundation funds:

☐ Simulation Lab ☐ Memory Care ☐ Hospice ☐ Area of Greatest Need ☐ Other: _____

(If left unchecked, your gift will go to the Area of Greatest Need.)

☐ Memory ☐ Honor

_____

Honoree's Name (please print)

How would you like to be listed?

Your Name(s) _____

☐ Memory ☐ Honor

_____

Honoree's Name (please print)

How would you like to be listed?

Your Name(s) _____

☐ Memory ☐ Honor

_____

Honoree's Name (please print)

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Your Name(s) _____

Winona Health
Foundation

PO Box 5600 • 855 Mankato Avenue • Winona, MN 55987 • 507.494.7384 • winonahealth.org/treesoflight