

# Donation Form

Thank you for your gift to Madelia Health Foundation. Please complete this form to ensure your donation is properly acknowledged. Donations to the Foundation support the health and wellbeing of the patients we serve.

Name(s): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Make this gift anonymous.

**My/our gift of \$** \_\_\_\_\_

Is enclosed (please make checks payable to Madelia Health Foundation)

Is to be charged to my/our credit card:

Credit card type:  MasterCard  Visa  Discover

Credit card #: \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

**Please use our gift to support:**

General Fund

Endowment

Other (please specify) \_\_\_\_\_

\_\_\_\_\_

(Make checks payable to Madelia Health Foundation)

**Optional: My/our gift is:**

In memory of: \_\_\_\_\_

In honor of: \_\_\_\_\_

To celebrate: \_\_\_\_\_ (anniversary, birthday, etc.)

Please send a notice of my/our gift to: Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please contact me with information on how to include Madelia Health in my will/estate plans.

**Please return completed form to:**  
Madelia Health Foundation  
121 Drew Ave. S.E.  
Madelia, MN 56062

The Madelia Community Hospital Foundation is recognized by the IRS as a 501(c)(3) non-profit organization. Your donation is fully deductible as allowed by law.

For more information, please contact the Foundation's Executive Director, 507-642-5224 or email at [foundation@madeliahealth.org](mailto:foundation@madeliahealth.org)