

Yes, I/we want to make a difference!

Here's my/our gift of \$50 \$100 \$250 \$500 \$1,000 Other _____

This is a One time gift Monthly sustaining gift

Please contact me about making a legacy gift.

IRA Required Minimum Distribution (RMD):

I am interested in directing my RMD to SPHF. Please contact me.

Name _____

As you want it to appear in Foundation publications *I would like my gift to remain anonymous*

Address _____

City _____ State _____ Zip _____

E-Mail _____

Phone Home _____ Cell _____

This gift is given

In Memory of To Honor Name _____

Payment Method

Check made out to SPH Foundation

Charge credit/debit card MC Visa AmEx Disc

Card# _____ Exp _____ CVV code _____

Signature _____

Withdraw from bank account:

Checking Savings Routing # _____ Acct. # _____

Please note: Monthly sustaining gifts will be ongoing until you change or cancel by contacting Sauk Prairie Healthcare Foundation.

Signature _____

Please print this form and mail it to:

Sauk Prairie Healthcare Foundation, 260 26th Street, Prairie du Sac, WI 53578

Or give securely online at www.SaukPrairieHealthcare.org/give.