

Yes, I/we want to make a difference!

Here's my/our gift of \$_____ to support

- Greatest Needs
- Community Wellness Grants
- Employee Scholarships
- Women's Health Fund

Name _____

Address _____

City _____ State _____ Zip _____

E-Mail _____

Phone Home _____ Cell _____

This gift is given

In Memory of To Honor Name _____

Payment Method

Make check payable to SPH Foundation or pay by Credit Card MC Visa AmEx Disc

Card# _____ Exp _____ CVV code _____

Signature _____

You will be recognized for your generosity, unless you request anonymity.

Do not publish my name

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.