



# WINDOM AREA HEALTH FOUNDATION

## DONATION FORM

### STEP 1: DONOR INFORMATION

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

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

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

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

☐ Make this gift anonymous

### STEP 2: DONATION OPTIONS

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This donation is

☐ In Memory of

☐ In Honor of

\_\_\_\_\_  
*Name*

Please apply my donation to support the following:

☐ Windom Area Health Fund

☐ Education Fund

☐ Women's Health Fund

☐ Vickie Schendel Memorial Fund

☐ Employee Crisis Fund

☐ Other *(please specify below)*

### STEP 3: DONATION

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Donations can be made online by visiting [www.sanfordhealthfoundation.org/donate](http://www.sanfordhealthfoundation.org/donate)

For monthly gifts, please complete the information below or call 605-312-6700.

Please accept my tax deductible gift of:

☐ \$500

☐ \$250

☐ \$100

☐ Other \$ \_\_\_\_\_

**CHECK:** Please make your gift payable to **Windom Area Health Foundation**.

**CREDIT CARD:** Name on card: \_\_\_\_\_

Credit card type: ☐ MasterCard ☐ Visa ☐ Discover

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

*The Windom Area Health Fund, Vickie Schendel Memorial Fund, Women's Health Fund, Education Fund and Employee Crisis Fund are permanent funds of the Sanford Health Foundation with purposes of supporting the medical and educational programs at Windom Area Health.*