



# Windom Area Hospital Foundation

## DONATION FORM

### STEP 1: DONOR INFORMATION

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

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

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

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

### STEP 2: DONATION OPTIONS

This donation is

in memory of

in honor of

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

Please apply my donation to support the following:

Windom Area Hospital Fund

Orthopedic Surgery Fund

Education Fund

Breast Health Fund

Vickie Schendel Memorial Fund

Employee Crisis Fund

### STEP 3: DONATION (TAX DEDUCTIBLE)

Please accept my tax deductible gift of:

\$25

\$50

\$100

Other \$ \_\_\_\_\_

Check: Please make your gift payable to **Windom Area Hospital Foundation**.

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

My Credit Card Information:  MasterCard  Visa  Discover

Credit Card # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

Name on Card \_\_\_\_\_

I'd like my gift to come from my bank account automatically:  Checking  Savings

Routing number \_\_\_\_\_ Account Number \_\_\_\_\_

*The Windom Area Hospital Fund, Vickie Schendel Memorial Fund, Breast Health Fund, Education Fund, Orthopedic Surgery 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 Hospital.*

2150 Hospital Drive • Windom, MN 56101

[www.windomareahospital.com](http://www.windomareahospital.com)