



Windom Area Health Foundation was established in April 2002 to provide support for medical and educational programs at Windom Area Health, apart from the normal operating expenses.

## Where are my dollars going to enhance your local healthcare services?

*(This is not a comprehensive list.)*

- Be Well Path & outdoor exercise equipment
- Tranquility Garden
- 3D digital mammography machine
- Pharmacy chemo hood
- Baby warmer & newborn hearing screening equipment
- Prenatal education materials & lactation training
- Sexual Assault Nurse Examiner (SANE) staff training
- Basic Life Support equipment
- Pigg-O-Stat immobilizer to take x-rays for pediatric patients
- Ask For Anything grants for hospital departments
- College scholarships

## LOOKING FORWARD, GIVING BACK

Your gift helps support innovative programs, staff and community education, and life-saving medical care and equipment for the patients and families of Windom Area Health.



### General Fund

Money from the General Fund is used for the greatest need. To-date, the fund has purchased newborn screening equipment, a digital mammo machine, remodeling projects, and more!



### Education Fund

Provides scholarships to local high school and college students pursuing health-related careers. Typically, 5 - 8 scholarships are granted annually.



### Women's Health Fund

Supports local female patients going through cancer treatments who are experiencing financial hardship, and ongoing mammography equipment and supply needs.



### Vickie Schendel Memorial Fund

Donations support ongoing patient and staff education.



### Employee Crisis Fund

Supports Windom Area Health employees needing relief in times of financial hardship or crisis.

## YOUR GIFT

Please accept my tax deductible gift of:

\$100  \$250  \$500  Other \$ \_\_\_\_\_

Please direct my gift to the area of greatest need.

Please designate my gift in honor/memory of:

\_\_\_\_\_

Other designation: \_\_\_\_\_

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

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

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

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

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



**Questions? We are here to help.**

**Contact Katie Greener**

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**WINDOM  
AREA HEALTH  
FOUNDATION**