

A Gift to Prairie Ridge Health Foundation

All contributions are gratefully accepted – thank you for your kind generosity.

Donor Information

Donor Name: _____
Address: _____
City: _____ State _____ Zip _____
Phone: _____ Email: _____

**Acknowledgement and Receipt will be sent to this address.*

Gift Information

My Gift

My gift is in (check one)

- Memory
- Honor
- Celebration

Of: _____

- I would like my gift to remain anonymous
- I would like additional acknowledgement of my gift sent to:

Name: _____

Address: _____

City: _____

State _____ Zip _____

Enclosed Gift

Enclosed is my gift of

\$ _____

Please make your tax-deductible contribution payable to Prairie Ridge Health Foundation.

In the form of (check one):

- Check
- Cash
- Credit Card

Please charge my gift to:

- Master Card
- Visa
- Discover

Card # _____

Exp. Date _____

Signature _____

Gift to Support

I would like my gift to support:

- Greatest Need
- Endowment *(select one)*
 - General
 - Equipment
 - Women's Health
 - Community Education
 - Healthcare Scholarships
- Other Dept. or Program *(Please specify)*

To Learn More

- Please mail me a complimentary Estate Planning Guide Booklet

Mail To

Mail your completed form and gift to:

Kristi Line

Prairie Ridge Health Foundation

1515 Park Avenue,

Columbus WI 53925



For more information contact Kristi Line, the Executive Director of Foundation at 920.623.1370 or by email at Foundation@PrairieRidge.Health

By building caring relationships with those we serve, we guide the journey to health and wellness.