

**MY GIFT TO BEAVER DAM COMMUNITY HOSPITALS  
FOUNDATION, INC.**



Date \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_

*Please indicate how you would like your name to appear in our annual publication of Circle of Giving*

**Gift Details**

Please accept my gift of \$ \_\_\_\_\_

This gift is:     *In Memory of*     *In Honor of* \_\_\_\_\_

**Payment Method:**

Check: made payable to: Beaver Dam Community Hospital Foundation, Inc.

Credit Card:         *Discover*     *VISA*     *MasterCard*

*Account #:* \_\_\_\_\_ *Exp. Date:* \_\_\_\_\_

Pledge to be paid:     *Semi-Annually*     *Quarterly*     *Monthly*

*An initial pledge payment of \$ \_\_\_\_\_ is enclosed.*

**Please indicate your wishes for the gift:**

**Unrestricted** donation to be used where the Board of Trustees values the greatest need

Please restrict my donation for **Hospice**

Other: **Please specify** \_\_\_\_\_

*Beaver Dam Community Hospitals Foundation, Inc., 707 S. University Ave., Beaver Dam, WI 53916 (920) 887-4851  
Gifts to the Foundation are tax deductible as allowed by law.*