

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 biannual 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

Please restrict my donation for Blue Zones Project

Other: **Please specify** _____