

Yes! I would like to make a difference in patients' lives...

ThedaCare Family of Foundations

DONATION FORM

Please print your name as you wish it to appear in all recognition.

Name: _____

Mailing Address: _____ City, State, Zip _____

E-mail: _____ Phone: (____) _____

I would like my donation to go to:

ThedaCare Family of Foundations

- Area of Greatest Need
- Other: _____

ThedaCare Foundation-Shawano

- Area of Greatest Need
- Other: _____

ThedaCare Foundation-Appleton

- Area of Greatest Need
- Other: _____

ThedaCare Foundation-Waupaca

- Area of Greatest Need
- Other: _____

ThedaCare Foundation-Berlin

- Area of Greatest Need
- Other: _____

ThedaCare Medical Center-Wild Rose

- Area of Greatest Need
- Other: _____

ThedaCare Foundation-Neenah

- Area of Greatest Need
- Other: _____

ThedaCare Hospice Foundation

- Area of Greatest Need
- Other: _____

ThedaCare Foundation-New London

- Area of Greatest Need
- Other: _____

Peabody Heritage Fund

- Area of Greatest Need
- Other: _____

Please accept my donation in the amount of:

- \$25
- \$50
- \$100
- \$250
- \$500
- \$1,000
- Other \$ _____

My donation is: In memory of: _____ In honor of: _____

I/we would like to remain anonymous.

Does your employer have a matching gift program? Yes No

If yes, please list company name: _____

I will make my donation by:

Check Please make payable to **ThedaCare Family of Foundations**

Credit Card Please process my donation payment(s) of: \$ _____

VISA MasterCard Discover Card American Express (circle one)

Card # _____ - _____ - _____ - _____ Exp. Date: _____ 3-digit security code: _____

Cardholder Name: _____ Signature: _____

Billing address: _____ City/State/Zip: _____

We're happy to help you with any questions you may have. Please call us today at 920.738.6503.

ThedaCare Family of Foundations is a 501(c)3 nonprofit organization, all donations are tax-deductible to the extent permitted by law.

Be assured that your gift will be used exactly as you have requested.

Thank you for your generosity!

Please return form to:

ThedaCare Family of Foundations
Regional Gift Processing Center
1818 N. Meade St. Appleton, WI 54911