

# Madelia Community Hospital Foundation Donation Form

*To make a tax-deductible donation to the Madelia Community Hospital, send your gift with this completed form so your gift can be properly acknowledged. If you desire we are available to meet with you to discuss other giving opportunities such as making a Planned Gift to Madelia Community Hospital.*

Name: \_\_\_\_\_  
(please print it as you would like it recorded in our donor list)

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

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

Phone/Email: \_\_\_\_\_

My/our gift of \$\_\_\_\_\_ (Check all that apply)

- Is enclosed (please make checks payable to Madelia Community Hospital Foundation)
- Is to be charged to my/our credit card.
  - Visa
  - MasterCard
  - Discover

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please apply my gift to:  Areas of Greatest Need  
 Endowment  
 Other: \_\_\_\_\_

Please accept this gift as a:  Tribute to: \_\_\_\_\_  
 In Memory of: \_\_\_\_\_  
 To Celebrate: \_\_\_\_\_

Please send a notice of my/our gift to: Name: \_\_\_\_\_

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

City/St/Zip: \_\_\_\_\_

I'd like information regarding Planned Giving.

May we publish your name as a donor?  Yes  No

Your gift is 100% tax deductible within IRS limitations.

*For further information, please contact: Madelia Community Hospital, 121 Drew Avenue SE, Madelia, MN 56062 or by phone 507-642-3255 or via e-mail at [foundation@mchospital.org](mailto:foundation@mchospital.org)*