

NAME(S) _____
 (Please print name exactly as you would like it to appear in our donor lists)

ADDRESS _____

CITY _____

STATE _____ **ZIP** _____

PHONE _____

EMAIL _____

My/our gift of \$ _____

- is enclosed (please make checks payable to Allina Health Foundation)
- is to be charged to my/our credit card

Card # _____

Expiration ____ Signature _____

Optional: My/our gift is:

- in memory of _____
- in honor of _____

Please send a notice of this gift to (amounts are confidential):

NAME(S) _____

ADDRESS _____

CITY _____

STATE _____ **ZIP** _____

Use the column on the right to tell us where you would like your gift to be directed. A complete list of funds can be found at donate.allina.com/home.

PLEASE RETURN COMPLETED FORM TO:

Allina Health Foundation
 2925 Chicago Ave
 Mail Route 10721
 Minneapolis, MN 55407



Visit us at: www.allinahealth.org/give
 For further information, contact us at 612-262-0635
AllinaHealthFoundation@allina.com
 Federal Tax ID Number: 27-4116873

I would like my gift to support:

Allina Health Foundation Strategic Funding Priorities

- Abbott Northwestern Hospital Campus Revitalization
- Cancer Care
- Mental Health and Addiction Services
- Strategic Trust Fund

Abbott Northwestern Hospital Fund

- Where the need is greatest
- Other _____

Buffalo Hospital Fund

- Where the need is greatest
- Other _____

Cambridge Medical Center Fund

- Where the need is greatest
- Other _____

Courage Kenny Rehabilitation Institute Fund

- Where the need is greatest
- Other _____

Allina Health Faribault Hospital Fund

- Where the need is greatest
- Other _____

Allina Health Hospice Fund

- Where the need is greatest
- Other _____

Mercy Hospital Fund

- Where the need is greatest
- Other _____

New Ulm Medical Center Fund

- Where the need is greatest
- Other _____

Owatonna Hospital Fund

- Where the need is greatest
- Other _____

Penny George Institute Fund

- Where the need is greatest
- Other _____

Regina Hospital Fund

- Where the need is greatest
- Other _____

River Falls Area Hospital Fund

- Where the need is greatest
- Other _____

St. Francis Regional Medical Center Fund

- Where the need is greatest
- Other _____

United Hospital Fund

- Where the need is greatest
- Other _____