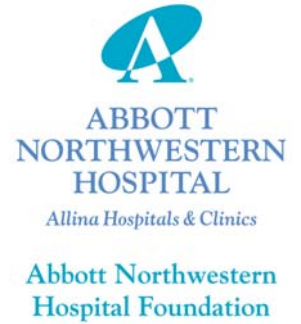


Yes, I want to ensure that my family and others can benefit from the care that Abbott Northwestern Hospital provides.



1. GIFT INFORMATION

Enclosed is my/our gift of: \$50 \$100 \$250 \$500 Other _____

Name(s) _____

Address (select one) Home Work _____ City, State and Zip _____

Phone Home Work _____ E-mail Home Work _____

Please direct my/our gift to:

- | | | | |
|---|--------|--|--------|
| <input type="radio"/> Where the Need is Greatest | a00461 | <input type="radio"/> The Mother Baby Center | a04812 |
| <input type="radio"/> Cardiovascular/Heart Disease Services | a03542 | <input type="radio"/> Orthopaedic Institute | a02822 |
| <input type="radio"/> Neuroscience Institute/Stroke | a00842 | <input type="radio"/> Penny George™ Institute for Health and Healing | a03832 |
| <input type="radio"/> Nursing Excellence | a03512 | <input type="radio"/> Spine Care | a03082 |
| <input type="radio"/> Virginia Piper Cancer Institute® (VPCI) | a01042 | <input type="radio"/> WomenCare®/The Birth Center | a03522 |
| <input type="radio"/> VPCI - Piper Breast Center | a00952 | <input type="radio"/> Mental Health Services | a03532 |
| <input type="radio"/> Park House (HIV/AIDS Day Health Center) | a00752 | <input type="radio"/> Other (please describe) _____ | |

Circle of Care

Abbott Northwestern recognizes those who generously give out of the goodness of their hearts. Your gift—at any level listed below—welcomes you into Abbott Northwestern’s **Circle of Care** and provides you with special recognition opportunities.

President’s Circle:
\$5,000+

Guarantors:
\$2,500-\$4,999

Leaders:
\$1,000-\$2,499

Investors:
\$500-\$999

Associates:
\$250-\$499

Founders’ Society:
Planned/Estate Gift

- MATCHING GIFT** Yes, my employer will match my gift. (See enclosed employer form.)
- STOCK GIFT** Yes, I would like to make a gift by stock transfer. (To do so, please call Anne Langaard at 612-863-4126.)
- PLANNED GIFT** Yes, I/we have included Abbott Northwestern in my/our estate plans.

2. PAYMENT METHOD

- Payment enclosed. Please make payable to: **Abbott Northwestern Hospital Foundation**
- Payment by credit card: Visa MasterCard American Express Discover

No: _____ Exp Date: ___ / ___ Signature: _____

3. RECOGNITION

- The donor listing I/we prefer is: _____
- I/we wish to remain ANONYMOUS. Please do not include my/our name(s) in any recognition materials.

4. TRIBUTE GIFT INFORMATION

Support Abbott Northwestern by making a gift to mark a special occasion, to honor or remember a loved one, or to thank a doctor, nurse or other caregiver.

- This gift is: in MEMORY of _____
- in HONOR of _____
- in CELEBRATION of _____

Please send an acknowledgement card on my/our behalf to:

Name(s) _____

Address (select one) Home Work _____ City, State and Zip _____

Phone _____ E-mail _____

Please mail your gift and this completed form to: Abbott Northwestern Hospital Foundation; 800 East 28th Street, Mail Route 16509; Minneapolis, MN 55407-3799. Donations postmarked by December 31 will qualify for 2011 tax receipts. An official acknowledgement letter will be mailed to the address you provided. Your gift is fully tax-deductible to the extent allowable by law.