

GIVING THE GIFT OF HEALTH CARE EXCELLENCE

To make a tax-deductible contribution to Buffalo Hospital, send your gift with this completed form so we can acknowledge your gift and direct it to the appropriate fund. We would welcome the opportunity to meet with you and discuss any special requests you might have.

For further information, contact us:

Buffalo Hospital Foundation
303 Catlin Street
Buffalo, MN 55313
763-684-6800

Name (please print exactly as it should appear in our donor lists)

Address

City

State

Zip

Phone

E-mail

My/our gift of \$ _____ (check all that apply)

is enclosed.

Please make checks payable to the Buffalo Hospital Foundation.

is to be charged to my/our credit card.

Visa

Mastercard

American Express

Discover

Number

Exp. date

Name on Card

Signature

Please use my/our gift to support:

- Where the Need is Greatest
- Birth Center
- Cancer Care
- Sister Kenny Rehabilitation Institute
- Program or project (*specify*)

My/our gift is:

in Memory of _____

in Honor of _____

Please send a notice of my gift to:

Name

Address

City

State

Zip