

Yes! I would like to support the exceptional care provided at Buffalo Hospital by making a tax-deductible contribution to the Foundation.

SELECT A FUND

Please direct my/our gift to:

Where the Need is Greatest: **b40011**

Nature's Healing Spaces: **b40222**

Cancer Care Fund: **b40462**

Bounce Back Project Fund: **b40192**

Courage Kenny Rehabilitation Care Fund: **b40262**

Prevention for Patients: **b4047**

Other: _____

PAYMENT INFORMATION

Name(s): _____ Phone: _____

Address: _____

Email: _____

Gift is made in honor/memory of (optional): _____

Please send notification of my tribute gift to (your gift amount is not revealed): _____

PAYMENT OPTIONS

Gift amount \$ _____

Check (made payable to Buffalo Hospital Foundation)

Credit Card (VISA, MASTERCARD, AMEX, DISCOVER)

Account # _____ Exp. Date: _____

Signature: _____

My gift is anonymous.

I would like to learn more about making provisions in my will/estate plans for Buffalo Hospital

Please return completed form to:
Buffalo Hospital Foundation
303 Catlin Street, Buffalo, MN 55313
763-684-6800


BUFFALO HOSPITAL
FOUNDATION