

## 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*