

# Inspired by possibility. Advanced by generosity.

*As a not-for-profit health care system, donors are our partners. Thank you!*



Name(s) \_\_\_\_\_

*(Please print exactly as it should appear in our donor lists)*

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

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

- is enclosed *(Please make checks payable to Cambridge Medical Center Foundation)*
- is to be charged to my/our credit card (VISA, MASTERCARD, AMEX, DISCOVER)

Card # \_\_\_\_\_ Expiration date \_\_\_\_\_

Signature \_\_\_\_\_

- My gift is anonymous

## Please use my/our gift to support:

- Birth Center
- Patient Assistance
- Reach Out & Read
- Mental Health & Addiction
- Unrestricted *(Where the Need is the Greatest at CMC)*
- Health & Healing – Penny George
- Cancer Care
- Healing Environments
- Courage Kenny Rehabilitation Institute

## My/our gift is:

in memory of \_\_\_\_\_

in honor of \_\_\_\_\_

Please send a notice of my/our gift to *(amounts are confidential)*:

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- Please contact me with more information on how to include Cambridge Medical Center in my estate plans.

**Please return completed form to:**  
Allina Office of Philanthropy  
c/o Cambridge Medical Center Foundation  
2925 Chicago Ave S  
Mail Route 10103  
Minneapolis, MN 55407

**Visit us at: [www.allinahealth.org/give](http://www.allinahealth.org/give)**  
For further information contact us at 763-688-9393  
Federal Tax ID Number: 27-44116873

*The Cambridge Medical Center Foundation exists to enhance the health of  
Cambridge Medical Center patients and the wellness of the communities we serve.*