

# Giving the Gift of Healthcare Excellence

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

For further information, contact us at 507-217-5180 or New Ulm Medical Center Foundation, 1324 5<sup>th</sup> North, New Ulm, MN 56073.

Name \_\_\_\_\_  
*(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 the New Ulm Medical Center Foundation.)*
- is to be charged to my/our credit card.
  - Visa
  - MasterCard
  - Discover

Card number \_\_\_\_\_ Expiration date \_\_\_\_\_

Name on card \_\_\_\_\_ Signature \_\_\_\_\_

## Please use my/our gift to support:

- Heart of New Ulm (n43342)
- Patient Assistance Fund (n43462)
- Hospice (n43012)
- Unrestricted *(To be used where needed most)* (n43011)
- Program or project *(specify)* \_\_\_\_\_
- Med/Surg/CCU (n43202)
- Cancer Center (n43172)
- Mental Health and Addiction Services (n43162)

## 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 send me information on including New Ulm Medical Center in my estate plans.

**Thank you!**

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