

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 Buffalo Hospital 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:

- | | |
|---|---|
| <input type="checkbox"/> Birth Center: n43052 | <input type="checkbox"/> Med/Surg: n43202 |
| <input type="checkbox"/> Patient Assistance Fund: n43462 | <input type="checkbox"/> Cancer Center: n43172 |
| <input type="checkbox"/> Hospice: n43012 | <input type="checkbox"/> Neurology: n43492 |
| <input type="checkbox"/> Mental Health & Addiction Svcs: n43162 | <input type="checkbox"/> Courage Kenny Rehabilitative Institute: n43382 |
| <input type="checkbox"/> Unrestricted: Where the Need is the Greatest at NUMC: b43011 | |

Optional: 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 Buffalo Hospital in my will/estate plans.

Please return completed form to:

Allina Office of Philanthropy
c/o New Ulm Medical Center Foundation
2925 Chicago Ave S
Mail Route 10103
Minneapolis, MN 55407

Visit us at: www.allinahealth.org/give

For further information contact us at 507-217-5188

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