

## 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"/> Where the Need is the Greatest: o44021                | <input type="checkbox"/> Employee Education Fund: o44132       |
| <input type="checkbox"/> Fund for Excellence: o44072                           | <input type="checkbox"/> Healing Arts & Gardens: o44062        |
| <input type="checkbox"/> Honoring Choices Fund: o44172                         | <input type="checkbox"/> Hope Fund: o44092                     |
| <input type="checkbox"/> My Baby and Me: o44142                                | <input type="checkbox"/> Patient Care Fund: o44162             |
| <input type="checkbox"/> Penny George Institute for Health and Healing: o44102 |  |
| <input type="checkbox"/> Reflection Center: o44002                             | <input type="checkbox"/> Sexual Assault Nurse Examiner: o44122 |

### 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 Owatonna Hospital in my will/estate plans.

#### Please return completed form to:

Allina Office of Philanthropy  
c/o Owatonna Hospital 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 507-217-5188  
Federal Tax ID Number: 27-44116873