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

Allina Health
BUFFALO HOSPITAL FOUNDATION

Name(s)_____
(Please print exactly as it should appear in our donor lists)

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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)

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- ☐ My gift is anonymous

Please use my/our gift to support:

- ☐ Cancer Care Fund: b40462
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- ☐ Courage Kenny Rehabilitation Care: b40262
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- ☐ Prevention for Patients: b4047
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Optional: my/our gift is:

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

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☐ 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 Buffalo Hospital Foundation
2925 Chicago Ave S
Mail Route 10103
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Visit us at: www.allinahealth.org/give
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Buffalo Hospital Foundation's mission is to be a catalyst for innovative services and facilities to improve community health.