

ADVANCING EXCELLENCE

YOUR GIFT

☐ **YES!** I would like to support one or more areas at Abbott Northwestern by giving to:

- | | | |
|--|--|--|
| <input type="radio"/> Cardiovascular Services | <input type="radio"/> Mother Baby Center™ Obstetric Intensive Care Program | <input type="radio"/> Phillips Eye Institute Transportation Fund |
| <input type="radio"/> Givens Brain Tumor Center | <input type="radio"/> Neuroscience Institute | <input type="radio"/> Piper Breast Center |
| <input type="radio"/> Medicine Clinic and Compassionate Care Funds | <input type="radio"/> Nursing Excellence | <input type="radio"/> Research |
| <input type="radio"/> Mental Health and Addiction Services | <input type="radio"/> Phillips Eye Institute General Fund | <input type="radio"/> Spine Institute |
| | <input type="radio"/> Phillips Eye E.Y.E Initiative | <input type="radio"/> Virginia Piper Cancer Institute® |
| | | <input type="radio"/> Where the Need is Greatest |

Payment information:

- ☐ Payment enclosed
- ☐ Check (payable to Abbott Northwestern Hospital Foundation)
- ☐ Payment by credit card (Visa, MasterCard, American Express or Discover accepted)

Card number: _____ Expiration date: _____

Name on card: _____

Gifts may be cash, securities, real/tangible personal property, paid-up life insurance policies, leases, royalties, other assets, and estate considerations that make it possible to increase the size of the gift substantially. Abbott Northwestern Hospital Foundation stands ready to discuss such possibilities with donors or their representatives.

- ☐ In honor/in memory of (circle one): _____

Please notify

Name(s): _____

Address: _____

City, State/Zip: _____

- ☐ I wish to remain anonymous

YOUR INFORMATION

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

RECOGNIZING YOUR GENEROSITY

Donors will be recognized according to their preferences.

Publish my/our name(s) on any donor roster:

- ☐ Yes ☐ No (this is an anonymous gift)

Abbott Northwestern Medical Staff donors (and their practices) will receive recognition and benefits as part of the Plus One giving program.

To make a gift of stock, please contact us at 612-863-4126.

Please mail completed form to:

Abbott Northwestern Hospital Foundation
2529 Chicago Ave MR 10721
Minneapolis, MN 55407

AllinaHealth 

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