

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 5th 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:

- | | |
|---|---|
| <input type="checkbox"/> Heart of New Ulm (n43342) | <input type="checkbox"/> Med/Surg/CCU (n43202) |
| <input type="checkbox"/> Patient Assistance Fund (n43462) | <input type="checkbox"/> Cancer Center (n43172) |
| <input type="checkbox"/> Hospice (n43012) | |
| <input type="checkbox"/> Unrestricted (To be used where needed most) (n43011) | |
| <input type="checkbox"/> Program or project (specify) _____ | |

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.*