

DONATION FORM

CONTACT INFORMATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

DESIGNATION

- | | |
|--|--|
| <input type="checkbox"/> ThedaCare Family of Foundations | <input type="checkbox"/> ThedaCare Foundation – New London |
| <input type="checkbox"/> ThedaCare Hospice Foundation | <input type="checkbox"/> ThedaCare Foundation - Shawano |
| <input type="checkbox"/> ThedaCare Foundation - Appleton | <input type="checkbox"/> ThedaCare Foundation - Waupaca |
| <input type="checkbox"/> ThedaCare Foundation – Berlin | <input type="checkbox"/> ThedaCare Foundation – Wild Rose |
| <input type="checkbox"/> ThedaCare Foundation - Neenah | <input type="checkbox"/> Peabody Heritage Fund |

My Donation is in Memory Honor of: _____

Please notify the following individual of my gift: _____

Address _____ City _____ ST _____

ONE-TIME DONATION

Amount: \$ _____

- CASH CHECK CREDIT CARD

Please charge my Credit Card:

- VISA MasterCard Discover American Express

Credit Card Number: _____ Exp. ____/____ (MM/YY)

Authorized Card Signature: _____ Security Code: _____

RECOGNITION

As you would like your name to appear in all acknowledgements and recognition pieces:

_____ I/We wish to remain anonymous

SIGNATURE(S) _____ **DATE** _____

**Please return donation forms to ThedaCare Family of Foundations Office
1818 N Meade St, Appleton WI 54911
For questions please contact the Foundation at (920) 454-2974 or Foundations@thedacare.org**