

# *A Gift to St. Clare Health Care Foundation*

*All contributions are gratefully accepted — Thank you for your kind generosity*

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Enclosed is my in the amount of \$ \_\_\_\_\_

(Please make your tax-deductible contribution payable to *St. Clare Health Care Foundation*)

Please charge \$ \_\_\_\_\_ to my:  VISA  MasterCard  Discover  American Express.

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

My gift is in memory/honor/celebration (circle one) of: \_\_\_\_\_

I would like my gift to remain anonymous

Please send acknowledgement of my gift to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

I would like my gift to support:

Endowment fund  General Fund  Other \_\_\_\_\_

I would like to learn how to include St. Clare Health Care Foundation in my will, trust, or life insurance policy.

Please return completed application to:  
**St. Clare Health Care Foundation, 707 Fourteenth Street, Baraboo, WI 53913**

*Thank you for partnering with us to meet local health care needs.*

