

# Donation Form

Please accept my/our gift of \$ \_\_\_\_\_ designated for the following area:

- Froedtert West Bend Hospital
- Cancer Center
- Patient Assistance Fund
- Healing Garden

## Donor Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_

## Gift Information

\_\_\_\_ Enclosed is my check payable to: *Froedtert West Bend Hospital Foundation*  
\_\_\_\_ Enclosed is my credit card information  
Please charge the following card: \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ Discover  
Name as it appears on credit card: \_\_\_\_\_  
Credit Card Number: \_\_\_\_\_  
Exp. Date (MM/YY): \_\_\_\_\_ Security Code \_\_\_\_\_ (3 digits on back)  
Signature: \_\_\_\_\_ (required to process card)

## Tribute Information

This gift is in memory of: \_\_\_\_\_  
This gift is in honor of: \_\_\_\_\_

## Tribute Acknowledgment

Please send notification of this gift to:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Please return completed form by Mail, Email or Fax:  
Froedtert West Bend Hospital Foundation  
3200 Pleasant Valley Road  
West Bend, WI · 53095  
Email: [ann.johnson@froedtert.com](mailto:ann.johnson@froedtert.com) or Fax: 262-836-7118  
Phone: 262-836-7828

***Thank you for your support!***