

**To make a donation to the  
AMERY HOSPITAL FOUNDATION**

265 Griffin Street E . Amery, WI 54001 . Phone: 715-268-8000 . Fax: 715-268-0205

**Amount of Donation:** \$ \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST Zip: \_\_\_\_\_, \_\_\_\_\_

Phone: \_\_\_\_\_

**Is this donation in honor of or in memory of someone?** In Honor \_\_\_\_\_ In Memory \_\_\_\_\_

If so, whom? \_\_\_\_\_

Would you like a notification letter sent? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where would you like the notification letter sent?

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST Zip: \_\_\_\_\_, \_\_\_\_\_

**Send check, credit card information, or money order along with this form to:**

Amery Hospital Foundation

265 Griffin Street East

Amery, WI 54001

**Credit Card Information:**

Card Type: (Circle one)

Visa          MasterCard          American Express

Card number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Security Code (on back of card): \_\_\_\_\_

Name that appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_