

**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: _____/_____/_____
