



Aspirus Medford Foundation
135 South Gibson Street
Medford, WI 54451
715-748-7507

THANK YOU! *Our patients are grateful for your support. Your gift will help provide the means to purchase advanced technology which will benefit the health & wellness of hundreds!*
Your gift to the Aspirus Medford Foundation will make a difference.

Enclosed is my gift of \$ _____ to the Aspirus Medford Foundation.

Is this a Memorial gift? If so, for whom: _____

Your name(s): _____

Please print. This is what will be published in the annual report and/or on the contributions wall.

Address: _____

Phone: _____ Email: _____

I/we have given to the Aspirus Medford Foundation and/or the Memorial Health Center Foundation in the past.

Optional

I/we would like the enclosed gift used for (choose one):

- For the Greatest Good – For the Greatest Need
- Babies – Birthing & Delivery
- Cancer Care
- Heart Care
- Kidney Care
- Day Surgery
- Mammography / Radiology
- Rehabilitation & Therapy
- Emergency Services
- Senior Care Services – Skilled Nursing & Assisted Living
- Suicide Awareness & Prevention
- Family Medicine

If intended for a specific location, please circle one: Abbotsford - Athens – Gilman - Medford –
Phillips - Prentice - Rib Lake

NOTE: If a box above is not checked, the Aspirus Medford Foundation will allocate your philanthropic funds to the service area with the greatest need and/or for the greatest impact and advancement of quality healthcare services that are locally provided by Aspirus Medford Hospital & Clinics.

Signature _____ **Date:** _____

In consideration of this gift, the Aspirus Medford Foundation, a non-profit 501(c) 3, did not supply any goods or services. Contributions to the Aspirus Medford Foundation can be claimed as a charitable deduction if you itemize your income taxes.