

CONTRIBUTION FORM

If you would like to mail a gift instead of giving online, please complete the form and mail check to:

Black River Memorial Hospital ATTN: Gifts of Gratitude 711 West Adams Street Black River Falls, WI 54615

Date							
Donor Name(s)							
Address							
City							
State					Zip Code		
Phone					Email		
						•	
Make a Gift of:	□\$25	□\$50	□ \$100	□ \$250	□ \$500 □	\$1,000 □ OTH	HER
Credit Card Type	□ VISA	١	☐ Maste	rcard	☐ Ameri	can Express	☐ Discover
Credit Card Number							
Expiration Date (xx/xx)						CVC Code	
	I would like this to be a recurring monthly gift. I intend for my credit card to be charged monthly for the gift amount notated above. By selecting YES, this authorization shall remain in effect until written notice is given to Black River Memorial Hospital by the cardholder.						
Name on Card (print)							
Cardholder Signature							
Apply my gift to the following Area of Impact: Check all that apply. By default, your gift will be split evenly between your selections below. If you would like your gift to be split in a different way, please notate the percentage/dollar amount of each selection on this form. Sustainability of Local Healthcare Technology & Innovation Care at Home Mental Health Volunteer Enrichment							
Tributes							
This gift is made in memory of:							
This gift is made in honor of:							
Address for person(s) in tribute		Name					
		Addre	SS				
		City, S	tate, Zip C	ode			
		Relatio	onship to Y	ou/			
 □ I would like my gift to be anonymous. □ I would like to be contacted about Volunteering at Black River Memorial Hospital. 							

Gifts of Gratitude is a department of Black River Memorial Hospital, an approved 501 (c) (3) public charity. All gifts are tax deductible to the full extent of the law and will be used by Black River Memorial Hospital to carry out the tax-exempt purposes of the Gifts of Gratitude. Black River Memorial Hospital will supply a tax letter in January with the previous year's cumulative contributions related to Gifts of Gratitude.

THANK YOU for your generosity! Your gift makes a significant impact on our patients and community.