

# DONATE NOW!

## *Invest in the future of your community!*

I'm enclosing my gift of:  \$25  \$50  \$100  \$250  \$500  \$1,000  Other \$

**Gifts of \$1,000 or more will be recognized on the Tree of Life.**

I would like to make my gift by:  Check  Cash  Pledge  
 Please accept my gift to be used where the need is greatest.

Please accept my gift for the following area (please specify) \_\_\_\_\_  
 (ex. Gen. Endowment, Dialysis Center or Other)

## **Memorial and Honorarium Gifts**

My gift is being given in memory or in honor of \_\_\_\_\_  
 (Please print as you would like the name to appear for recognition purposes)

**Please acknowledge my gift with a memorial card to the family of the person I'm remembering.**

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State Zip Phone

Please make your check payable to Big Stone Health Care Foundation. Send to:  
 Big Stone Health Care Foundation  
 450 Eastvold Avenue  
 Ortonville, MN 56278

***Thank You For Your Support***  
 Your gift is tax-deductible as allowable by law.

Please contact me. I have specific questions about planning my future gifts.  
 Yes, I have remembered Big Stone Health Care Foundation in my will.



**BIG STONE**  
**HEALTH CARE**  
 foundation

Sally Rakow  
 Executive Director  
 450 Eastvold Avenue  
 Ortonville, MN 56278

Phone: 320-839-4135  
 Fax: 320-839-4137  
 E-mail: rakows@oahs.us