

Foundation Donation Form (continued)

Please send me additional information:

- Hudson Hospital Foundation Annual Report Hudson Hospital & Clinics general materials Planned Giving materials

How did you hear about this opportunity? (Check all that apply):

- I am a former patient of Hudson Hospital & Clinics. Hudson Hospital & Clinics website
 I am a family member/friend of a former patient. Health Partners website
 A friend or family member told me about this site. Other website
 Hudson Hospital Foundation Annual Report Association of Healthcare Philanthropy website
 Search Engine Guidestar website
 Other _____

Please send this completed form along with payment to:

Hudson Hospital Foundation
405 Stageline Road
Hudson, WI 54016

On behalf of the many individuals who benefit from programs at Hudson Hospital Foundation, thank you for your gift. As you requested, your gift will be directed to the fund or funds you indicated.

Thank you again for your support of our fundraising efforts! Much of what we do would simply not be possible without the support of friends like you.

Gifts made to Hudson Hospital Foundation, a 501(c)(3) organization, are tax-deductible and will directly support Hudson Hospital & Clinics programs and services. Acknowledgment of gifts will be sent directly from the Foundation office.