Howard Young Foundation

DONATION FORM

YES, I would like to make a tax-deductible gift of: $ _____.

PLEASE USE MY GIFT FOR THE FOLLOWING PURPOSE:

- ☐ **HYF Greatest Needs (Unrestricted)**
- ☐ **Howard Young Medical Center Greatest Needs**
- ☐ **Eagle River Hospital Greatest Needs**
- ☐ **End of Life Hospice Services**
- ☐ **Tick-Borne Illness Center – Jenn's Fund Compassionate Care**
- ☐ **Autism Services**
- ☐ **Walter Olson Fund**
- ☐ **Linda Stolder Rottman Endowment**
- ☐ **Lakeland Pantry Greatest Needs**

Supporting a particular campaign? Leave a comment here: _____

TRIBUTE GIFT

Gift is (**circle one**): In Honor of or In Memory of

Name (or Organization Name): _____

Please notify: _____

At the following address: _____

PAYMENT INFORMATION:

- ☐ My check payable to Howard Young Foundation is enclosed.
- ☐ Charge my credit card
  - ☐ MasterCard
  - ☐ Visa
  - ☐ American Express

Card Number: _____ Exp. Date: _____ CVC: _____

DONOR INFORMATION

Name(s): _____

Email: _____

Mailing address: _____

City: _____ State:_____ Zip: _____

SIGNATURE: _____ **DATE:** _____

THANK YOU FOR CARING ENOUGH TO GIVE. TOGETHER WE WILL ADVANCE THE HEALTH AND WELLNESS OF OUR COMMUNITY.

PLEASE RETURN COMPLETED FORM TO
Howard Young Foundation, Inc., PO Box 10, Minocqua, WI 54548
Or scan this form and email to info@hyfinc.com