

ALLINA HEALTH HOSPICE FOUNDATION DONATION FORM

Donor Name: _____

Address: _____

City, State, ZIP: _____

Day Phone: _____ Evening Phone: _____

Email: _____

Please check one & fill in name:

Gift is in memory of _____

Gift in is honor of _____

Please provide the name of the person who should be informed of this gift:

Name: _____

Address: _____

City, State, ZIP: _____

Please indicate how you wish for your gift to be used:

Area of Greatest Need – supports hospice care and programs

TLC Fund – provides assistance to patients facing financial hardships

Wedum Compassion Fund – provides assistance to patients who cannot afford room and board expenses at the J.A. Wedum Residential Hospice

Honoring Veterans Fund – helps veterans with room and board expenses at the J.A. Wedum Residential Hospice

Other _____

Hospice care at:

Hutchinson/Glencoe, Minnesota

Owatonna, Minnesota (Homestead Hospice House)

New Ulm, Minnesota

I have enclosed a check. **Make checks payable to “Allina Health Hospice Foundation.”**

I would like to donate via my credit card.

VISA

MasterCard

Discover

American Express

Card Number: _____ Exp. _____

Amount of Gift: \$ _____

You may email this form to hospicefoundation@allina.com or mail your check and this form to:

Allina Health Hospice Foundation

333 Smith Avenue North, Suite 4640

St. Paul, MN 55102

If you have any questions, please call the Foundation at 651-241-5419 or go to allinahealth.org/hospicefoundation. Thank you for caring!

