

**GIVING THE GIFT OF  
HEALTH CARE EXCELLENCE**

*To make a tax-deductible contribution to Buffalo Hospital, send your gift with this completed form so we can acknowledge your gift and direct it to the appropriate fund. We would welcome the opportunity to meet with you and discuss any special requests you might have.*

For further information, contact us:

**Buffalo Hospital Foundation**  
303 Catlin Street  
Buffalo, MN 55313  
763-684-6800

\_\_\_\_\_  
*Name (please print exactly as it should appear in our donor lists)*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*E-mail*

My/our gift of \$ \_\_\_\_\_ *(check all that apply)*

is enclosed.

*Please make checks payable to the Buffalo Hospital Foundation.*

is to be charged to my/our credit card.

Visa

Mastercard

American Express

Discover

\_\_\_\_\_  
*Number*

\_\_\_\_\_  
*Exp. date*

\_\_\_\_\_  
*Name on Card*

\_\_\_\_\_  
*Signature*

Please use my/our gift to support:

Use my gift where it is most needed

Proposed program or project *(specify)*

\_\_\_\_\_

\_\_\_\_\_

Hospital Priorities *(circle one)*

State-of-the-Art Healthcare Technology Fund

Medical/Surgical Patient Room Enhancement Fund

Hospital Healing Garden Fund

Heart Safe Communities Fund

Youth Health Careers Scholarship Fund

Health and Fitness Fund

Hospice Family Centered Care fund

My/our gift is:

in Memory of \_\_\_\_\_ in Recognition of \_\_\_\_\_

in Honor of \_\_\_\_\_ in Celebration of \_\_\_\_\_

Please send a notice of my gift to:

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*