

Giving the Gift of Health Care Excellence

To make a tax-deductible contribution to Owatonna Hospital, please send your gift with this completed form.

Mail form to:

Owatonna Hospital Foundation
Attn: Scott Palmer
903 South Oak Avenue
Owatonna, MN 55060
507-444-6085

Name(s) *(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 Owatonna 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

Heart Safe Communities Project

Expanding the Dream Fund

My/our gift is:

in Memory of _____

in Honor of _____

In Celebration of _____

Please send a notice of my gift to:

Name

Address

City

State

Zip