

Gift Designation Form



Name(s) _____
(Please print your name(s) as you would like it to appear for recognition purposes.)

Address _____

City _____ State _____ ZIP _____ Phone _____

I/we wish to remain anonymous.

Gift Designation: Please direct my gift of \$ _____ as follows:

2010 Funding Priorities:

- Meriter Hospital Renewal – Area of Greatest Need
- Orthopedic & Neuroscience Center of Excellence
- Women’s Pavilion

Additional Areas of Support:

- Cardiovascular Services
- Center for Nursing Excellence
- Child & Adolescent Psychiatry
- Newborn Intensive Care
- Operating Room Expansion

Payment Information:

- My check is enclosed made payable to Meriter Foundation.
- I prefer to pay by credit card. Please check one: VISA MasterCard

Account Number: _____ Expiration Date: _____

Name as it appears on credit card: _____

Signature: _____ Date: _____

Tribute Gifts

My gift is: (check one) in memory of in honor of

Mrs./Mr./ Ms./Dr.: _____
(circle one)

If you wish, Meriter Foundation will notify the honoree or his/her family of your tribute.
Please provide the name and address of the person(s) you would like us to inform of your gift:

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Your gift is tax deductible according to IRS guidelines. Please consult your tax advisor for more details.
To remove your name from our mailing list, please write to us at this address.

Meriter Foundation, Inc.
202 S. Park Street, Madison, Wisconsin 53715
Telephone (608) 417-5300 Fax (608) 417-5325
meriterfoundation.org