

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:

- Cancer Treatment
- Cardiovascular Services
- Center for Nursing Excellence
- Child & Adolescent Psychiatry
- Newborn Intensive Care
- Surgical Care
- Women's Health
- Area of Greatest Need - Hospital Unrestricted

Recognition Clubs

Annual Giving Wall Donor Clubs:

Leaders of Vision	\$10,000+
Meriter Society	\$5,000 - \$9,999
Circle of Life	\$2,500 - \$4,999
Circle of Health	\$1,000 - \$2,499
Circle of Care	\$500 - \$999

Annual Report Recognition Clubs:

Community Partners	\$250 - \$499
Community Patrons	\$100 - \$249

Legacy Society:

Meriter gives special gratitude to those who have included Meriter Foundation in their wills or estate plans. If you would like more information on making a bequest, please give us a call.

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: _____

About My Gift

If you would like to share why you chose to support Meriter, we would love to hear your story.

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.

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