

# 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*

*Fund for Excellence*

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