



Please make checks payable to:

Saint Michael's Foundation

900 Illinois Avenue, Stevens Point, WI 54481

ph 715.343.3259 [stmichaelsfoundation@ministryhealth.org](mailto:stmichaelsfoundation@ministryhealth.org)

Each charitable gift – whatever the size – makes you a partner in the healing work of our hospital.

*Thank you for your gift!*



*Make the  
Difference.*

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

Enclosed is my tax-deductible gift of  \$25  \$50  \$100  \$500  \$1,000  other \$ \_\_\_\_\_

*Please make checks payable to: Saint Michael's Foundation*

**Charge my credit card:**  Visa  MasterCard

**Charge my account monthly in the amount of \$ \_\_\_\_\_ per month/or a total of \$ \_\_\_\_\_**

Name on Card \_\_\_\_\_ Account# \_\_\_\_\_

Expiration Date \_\_\_\_\_ Signature \_\_\_\_\_

Please designate my gift for the following:

- Unrestricted Support
- Oncology/Cancer Services
- Ministry Dental Center - Endowment
- Ministry Dental Center - Operations
- Ministry Home Care - Hospice
- LifeLine
- Project Embrace
- Sleep Diagnostic and Treatment
- Women and Infant Center
- Other: \_\_\_\_\_

My gift is in honor/memory of:

\_\_\_\_\_

Please send acknowledgement of my gift to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

My employer has a matching gift program.

Please contact me to discuss including

Saint Michael's Foundation in my will or estate plan.

Please keep my gift anonymous.

T H A N K Y O U F O R Y O U R S U P P O R T !