DONATION FORM

Yes, I want to make a tax-deductible gift of: $_____

Please use my gift for the following purpose:

- □ Autism Services
- □ Greatest Need HYMC
- □ Greatest Need Eagle River Hospital
- □ Tick Borne Illness Center
- □ Hospice

Payment Information:

- □ My check payable to Howard Young Foundation is enclosed.
- □ Charge my credit card.
  - □ MasterCard
  - □ Visa
  - □ American Express

_____ ____ /_____ _____
Card Number Expiration Date Security Code

Tribute Gift (if applicable):

Gift is given in memory or in honor of _____

Please notify _____ _____
Relationship

at the following address _____

Donor Information:

Name(s) _____ Phone _____

Email _____

Mailing Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

THANK YOU FOR CARING ENOUGH TO GIVE! YOUR SUPPORT IS GREATLY APPRECIATED.

Please return completed form to:
Howard Young Foundation Inc.
P.O. Box 470
Woodruff, WI 54568