



Howard Young
Foundation

DONATION FORM

YES, I would like to make a tax-deductible gift of: \$ _____.

PLEASE USE MY GIFT FOR THE FOLLOWING PURPOSE:

- Covid-19 Help Our Hospitals & Heroes (Unrestricted)
- Lakeland Pantry Greatest Needs
- Tick-Borne Illness Center
- Autism Services
- Howard Young Medical Center Greatest Needs
- Eagle River Hospital Greatest Needs
- Dr. Kate Hospice Patient Care

Supporting a particular campaign? Leave a comment here: _____

TRIBUTE GIFT

Gift is (**circle one**): In Honor of or In Memory of

Name (or Organization Name): _____

Please notify: _____

At the following address: _____

PAYMENT INFORMATION:

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

Card Number: _____ Exp. Date: _____ CVC: _____

DONOR INFORMATION

Name(s): _____

Email: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

SIGNATURE: _____ **DATE:** _____

**THANK YOU FOR CARING ENOUGH TO GIVE. TOGETHER WE WILL ADVANCE THE
HEALTH AND WELLNESS OF OUR COMMUNITY.**

PLEASE RETURN COMPLETED FORM TO
Howard Young Foundation, Inc.
PO Box 470
Woodruff, WI 54568
Or scan this form and email to info@hyfinc.org