



Howard Young
Foundation

DONATION FORM

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

PLEASE USE MY GIFT FOR THE FOLLOWING PURPOSE:

- ☐ Special Gift: CT Scanner
- ☐ HYF Greatest Needs (Unrestricted)
- ☐ Howard Young Medical Center Greatest Needs
- ☐ Eagle River Hospital Greatest Needs
- ☐ Seasons of Life Hospice Patient Care
- ☐ Autism Services
- ☐ Tick-Borne Illness Center
- ☐ Linda Stolder Rottman Endowment
- ☐ Lakeland Pantry Greatest Needs

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 10, Minocqua, WI 54548
Or scan this form and email to info@hyfinc.com