



Howard Young  
Foundation

## DONATION FORM

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

**PLEASE USE MY GIFT FOR THE FOLLOWING PURPOSE:**

- ☐ **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**
- ☐ **Greg and Audrey Bohn Memorial Fund**
- ☐ **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](mailto:info@hyfinc.com)