The Tree of Remembrance Giving Form

Date _____

I/We wish to inscribe ____ leaf (leaves). The inscription should read as follows:

_____

_____

_____

_____

Enclosed is my (our) gift in the amount of

$_____

(See giving categories to the left)

Name _____

Address _____

City _____

State _____ Zip _____

Email _____

Phone _____

Please make checks payable and return with the order form to the

Memorial Healthcare Foundation
PO Box 70, 800 Clay Street
Darlington, WI 53530

Donations may be made online at any time with a major credit card at www.razoo.com. Search "Memorial Healthcare Foundation".