

Thank you for your gift!

Your generous support will help to connect patients and families with the care they need, fund community health programs and initiatives, support our healthcare workers, and provide resources for equipment, research and education.

You can direct your gift to any cause or area at Meriter that's closest to your heart.

STEP ONE: INDICATE YOUR CAUSE TO SUPPORT.

- Area of Greatest Need Other: _____

STEP TWO: CHOOSE HOW TO MAKE YOUR GIFT.

Set up a monthly gift

- Credit Card: \$_____/month (fill in credit card information below)

Make a one-time gift

- \$500 \$150 \$100 \$50 \$25 Other \$_____

- Check payable to *UnityPoint Health - Meriter Foundation*

- Credit Card (fill in credit card information below)

- Make a gift of stock, through an IRA or another method of giving.** (Meriter Foundation will contact you.)

- I have included Meriter Foundation in my will.
- I would like more information about giving through my will or beneficiary designation.

Credit Card # _____ Exp. ____ / ____ Security Code (CVV): _____

Print name as it appears on card: _____

Signature _____

Date _____

STEP THREE: SHARE IF THIS IS A TRIBUTE GIFT (If this is not a Tribute Gift, please continue to the next section.)

My gift is: in memory of in honor of Mr/Mrs/Ms/Dr : _____

Meriter Foundation will notify the honoree or their family of your tribute gift. Please provide the name and address of the person(s) you would like us to inform.

Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

STEP FOUR: INDICATE HOW YOU WOULD LIKE TO BE RECOGNIZED FOR YOUR GIFT

- Recognize my gift (e.g. on the donor wall) using the following name(s): _____

- I wish to remain anonymous.

STEP FIVE: INCLUDE YOUR EMAIL ADDRESS FOR IMPORTANT UPDATES

STEP SIX: MAIL THIS COMPLETED FORM TO

UnityPoint Health - Meriter Foundation
202 S. Park Street, Madison, WI 53715