



# Donation Printable Form

Please print out the donation form below and complete the details below. A gift receipt will be sent to you for your donation.

Date: \_\_\_\_\_

I am enclosing a memorial gift in the amount of: \$ \_\_\_\_\_

In Memory of: \_\_\_\_\_

Donated by: **Name(s):** \_\_\_\_\_  
(As you would like it to appear in printed publications and/or for receipting purposes.)

**Company/Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail Address (optional):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

I request my donation remain anonymous.

I would like the following person(s) informed of my gift:

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**I wish my gift to be used for:**

- General Foundation Fund
- Hospice
- Kidney Dialysis
- Caring Club House
- Prairie Lakes Cancer Center
- Suzanne Jacobson Memorial Fund
- Other

**Please make check payable to:**  
Prairie Lakes Healthcare Foundation

**Please mail form and payment to:**  
Prairie Lakes Healthcare Foundation  
PO Box 1210  
Watertown, SD 57201

**For more information please call:**  
Marne Hult, Executive Director  
Prairie Lakes Healthcare Foundation  
marne.hult@prairielakes.com  
1-605-882-7631