



LAKEWOOD REGIONAL HEALTHCARE FOUNDATION
DONATION CARD

To provide for the needed healthcare facilities and services in our community, I/we pledge to LakeWood Regional Healthcare Foundation of Baudette, Minn., **THE SUM** of _____ **DOLLARS** (\$_____).

I/we are paying herein \$ _____ with the balance to be paid in equal payments on an (annual, semi-annual, quarterly, monthly) installment, over a ___ year period, beginning _____.

Donor's Signature: _____ Date: _____

Donor's Name (please print): _____

Make check payable to: **LAKEWOOD REGIONAL HEALTHCARE FOUNDATION**. Credit Card payments are accepted.

Contributions are deductible from Federal Income Taxes to the fullest allowed extent by Law