



# Heart of New Ulm

## Giving the Gift of Life



To make a tax-deductible contribution to the Heart of New Ulm Project through the New Ulm Medical Center Foundation, please send your gift with this completed form to New Ulm Medical Center Foundation, 1324 5<sup>th</sup> North, New Ulm, MN 56073. We welcome the opportunity to meet with you and discuss any special requests.

### 1. My/Our Information

Name \_\_\_\_\_  
*(Please print exactly as it should appear in our donor lists.)*

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

### 2. My/Our Gift Amount

\$25     \$50     \$100     \$250     Other \_\_\_\_\_

is enclosed *(Please make checks payable to the New Ulm Medical Center Foundation.)*

is to be charged to my/our credit card

Visa             MasterCard             Discover

Card number \_\_\_\_\_ Expiration date \_\_\_\_\_

Name on card \_\_\_\_\_ Signature \_\_\_\_\_

### 3. Optional – Honor/Memorial Gifts

My/Our gift is in memory or honor of:

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

In Honor of \_\_\_\_\_

Please send a notice of my/our gift to *(amounts are confidential)*:

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please send me information on including New Ulm Medical Center in my estate plans.

For more information on the Heart of New Ulm project, please contact us at 507-233-1188 or visit our website at [www.newulmmedicalcenter.com](http://www.newulmmedicalcenter.com) and click on 'Foundation'.

## *Thank you!*

*The New Ulm Medical Center Foundation exists to enhance the health of New Ulm Medical Center patients and the wellness of the communities we serve.*