



DONATION FORM

Your generosity helps us create a healthier, stronger community. By donating to the Rhineland Health Foundation's general fund, you support vital initiatives that address the health and wellness needs of our region. Every contribution, big or small, makes a difference in ensuring that quality healthcare and resources are accessible to all.

YES, I would like to make a tax-deductible gift of: \$_____.

TRIBUTE GIFT

Gift is (circle one): In Honor of or In Memory of

Name (or Organization Name): _____

PAYMENT INFORMATION:

- My check payable to Rhineland Health Foundation is enclosed.
- I will make a donation through your website - www.RhinelandHealthFoundation.org

DONOR INFORMATION

Name(s): _____

Email: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

SIGNATURE: _____ DATE: _____

Thank you for partnering with us to build a brighter future for the Rhineland community.

PLEASE RETURN COMPLETED FORM TO
Rhineland Health Foundation,
2251 North Shore Drive, Rhineland, WI 54501
Or scan this form and email to rhinelandhealthfoundation@gmail.com