

2023 CAPITAL CAMPAIGN GIFT FORM

First Name _____ Last Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

Hillsdale Hospital is a 501(c)3 nonprofit. Your gift is tax deductible to the extent allowed by law.

STEP ONE Choose your gift.

One-Time Campaign Gift: \$100 \$250 \$500 \$1000 \$ _____
 Recurring Monthly Gift *Charged on the 10th each month.* \$ _____

STEP TWO Choose your capital equipment item to help fund.

You may distribute your total gift amount among different items if you choose.

\$ _____ Echocardiogram Machine
 \$ _____ HVAC Controls & Cooling
 \$ _____ Hana Fracture Table
 \$ _____ HUGS Infant Security System
 \$ _____ Workstations on Wheels (WoW)
 \$ _____ Generator for Hillsdale Orthopedics

If none selected OR if the item you select is fully funded at the time your donation is received, your gift will be used where needed most.

My gift is: In memory of In honor of
Name _____

Please notify the following person/family:
Name _____
Address _____
City _____ State _____ Zip _____

STEP THREE Choose your payment method.

Credit Card

AMEX Discover MasterCard VISA CC# □□□□-□□□□-□□□□-□□□□ Exp. □□/□□

Check Payable to Hillsdale Hospital.

Check # _____

PTO or Payroll Deduction Complete back page.

Online Give securely, including monthly recurring donations, at hillsdalehospital.com/giving

Signature _____ Date _____

Return form to: Hillsdale Hospital, Attn: Development, 168 S. Howell Street, Hillsdale, Michigan 49242

HILLSDALE STRONG.
Hillsdale First.

