

Aspirus Iron Area Health Foundation Donations

Aspirus Iron Area Health Foundation, a non-profit organization, welcomes your charitable gift. As a donor, you are an essential partner in our future. Thank you in advance for your consideration.

All gifts to the Foundation are tax deductible to the fullest extent of the law. A letter will be sent to you for tax purposes. All information will be kept secure and confidential.

For additional information, please call the Foundation Office at (906) 308-0239.

Title Mr. Mrs. Ms. Miss Dr. Other

If other, please specify _____

First and Last Name: _____

Company Name: _____

If donor is a business

Address: _____

Address where you want acknowledgment of donation sent

City, State, Zip: _____

Phone (Include Area Code): _____

Fax (include area code): _____

Email Address: _____

I wish to receive future email correspondence. Yes No

I prefer to make my donations anonymously. Yes No

Gift Amount and Type

Gift Amount \$ _____

Please specify donation amount using dollars and cents.

Is this a Pledge Gift? Yes No

If Pledge Gift, please choose how gift is to be paid and explain below. One Time Monthly Quarterly Annually

Explain: _____

Gift Designation

Gift Designation

Please choose one:

If other, please specify: _____

- Area of greatest need
- Community Health Education
- Digital Mammography

- Aspirus At Home (Home Care & Hospice)
- Oncology
- Other

In Honor Of (optional)

If in honor of someone, please tell us who:

Please send acknowledgment to:

Name, Address, City, State, Zip

In Memory Of (optional)

If in memory of someone, please tell us who:

Please send acknowledgment to:

Name, Address, City, State, Zip

Payment Options

Check

Make checks payable to Aspirus Iron Area Health Foundation and mail with form.

Credit Card

Credit Card Type Visa MasterCard Discover American Express

Credit Card Number: _____

Input the numbers exactly as they appear on the card.

Credit Card Expiration Date: _____

Example: MM/YY

Fill in below for credit card payment only if different than what you previously entered.

Name as it appears on card: _____

Billing address for credit card: _____

Phone _____
Billing phone number for card

Comments/Messages Related to your donation:

Mail form to:

**Aspirus Iron Area Health Foundation
1400 West Ice Lake Road
Iron River, MI 49935**

