



# DONATION FORM

Donations may also be made online at: [www.broadlawns.org/donate](http://www.broadlawns.org/donate)

## DONOR DETAILS

Name:

*Please print your name(s) as you would like to be recognized.*

Address:

City:

State:

Zip:

Email:

Phone:

☐ I would like my donation to remain anonymous.

## DONATION DETAILS

Gift Amount \$

☐ This is an outright gift ☐ This is a pledge

Pledge to be paid over:

☐ 1 year

☐ 2 years

☐ 3 years

Paid herewith \$

Please direct my gift to:

☐ Area of Greatest Need

☐ Other:

This donation is:

☐ In memory of

☐ In honor of

Name:

☐ A check is enclosed made payable to Broadlawns Medical Center Foundation

☐ Please charge my credit card:

☐ Visa

☐ MasterCard

☐ American Express

☐ Discover

— — — — — — — — — — — — — — — —

Exp:

/

CVC:

☐ My gift will be matched by my employer

Company:

## ADDITIONAL INFORMATION

☐ I would like information about planned giving.

☐ I would like to become more involved with Broadlawns Medical Center Foundation.

## SIGNATURE

Signature:

Date:

Broadlawns Medical Center Foundation, 1801 Hickman Road, Des Moines, IA 50314  
[www.broadlawns.org/foundation](http://www.broadlawns.org/foundation) | [foundation@broadlawns.org](mailto:foundation@broadlawns.org) | (515) 282-3919  
Broadlawns Medical Center Foundation is a 501(c)(3) charitable organization.  
All contributions are tax deductible to the extent allowed by law | EIN: 42-1527407

Thank you for  
your donation!