BROADLAWNS MEDICAL CENTER FOUNDATION

Ц	Yes! I wish to support the Broadlawns Medical Center Foundation.
	Gift amount: \$
Name	Please print your name(s) as you would like to be recognized. This gift is anonymous. Donors checking this box will not be listed on the plaque.
Address	
City, State, Zip	
Phone	Email
Gift or Pledge	The total amount shown above is an outright gift OR a pledge Designate this gift toward:
Pledge Payment Schedule	Pledges to be paid over a
Honorary or Memorial Gift	I would like to pay special tribute to the person below: ☐in memory of ☐in honor of
	Name (please print)
Please make your check payable to Broadlawns Medical Center Foundation	want to make my gift or pledge payments using my credit card: MasterCard
	Pote