



DONATION FORM

Donations may also be made online at: 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 | foundation@broadlawns.org | (515) 282-8557
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!