

Redwood Area Hospital Foundation

Tax Deductible Contribution Form

____ Yes, I wish to give to the Redwood Area Hospital Foundation.
Enclosed is my gift of \$ _____

____ Yes, I would like to give a gift to the Redwood Area Hospital Foundation.
Please contact me.

____ This gift is in memory/honor of _____.

____ Please use my gift where it is needed.

____ Please designate my gift for the purpose of _____

ALL GIFTS ARE TAX DEDUCTIBLE

Name _____

Address _____

City _____ State _____ Zip _____

Make checks payable to the:

Redwood Area Hospital Foundation

100 Fallwood Road

Redwood Falls, MN 56283

Phone 507-637-4668