



Saturday, Aug. 14, 2021

Benefiting Froedtert Menomonee Falls Hospital's Cancer Care Center

Donation Form

Name of Designated Participant/Team (Rider/Walker) _____

Gift Amount \$ _____

Donor _____

Contact Name (if business) _____

Address _____

City _____ State _____ Zip _____ Phone _____

E-mail Address _____

Please make this an anonymous gift

If not an anonymous gift, name to appear on site honor roll: _____

Payment Information:

Cash Check (made payable to Froedtert Menomonee Falls Hospital Foundation)

Credit Card: ___ Master Card ___ Visa ___ Discover

Card #: _____

Exp. Date: _____ Security Code: _____

Signature: _____

Please return this form to Froedtert Menomonee Falls Hospital Foundation,
W180 N8085 Town Hall Road, Menomonee Falls, WI 53051.

For more information, please contact the Foundation office at (262) 257-3200.

***Thank you for your support of
the Cancer Care Center at Froedtert Menomonee Falls Hospital!***

OFFICE USE ONLY

Office # _____ Category _____

Entered RE _____ XL _____ TY _____