



## Norwegian American Hospital Foundation

### Donor Information (please print or type)

Name(s) \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_  
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I (we) wish to have our gift remain anonymous Yes  No

### Gift Information

I (we) plan to make this contribution in the form of:  cash  check  credit card  other \_\_\_\_\_

Full Name on Card \_\_\_\_\_  
Credit card type | Exp. date \_\_\_\_\_  
Credit card number | CVV \_\_\_\_\_  
Authorized signature \_\_\_\_\_

Gift will be matched by (company/foundation) \_\_\_\_\_

Please direct my gift to:  Area of greatest need  Other \_\_\_\_\_

Signature(s)

Date

Thank you for your donation!

**Please make your check payable to:**  
Norwegian American Hospital Foundation

**Please send your contribution to:**

Norwegian American Hospital Foundation Attn:  
Nancy Herman, Executive Director 1044 North  
Francisco Avenue,  
Chicago, IL 60622  
312.824.6715

*Please include this form in mailing envelope.*