



Thank you for your interest! To make a donation, please complete this form.
If you have any questions or need assistance, please contact our office at the number below.

I would like to donate (circle one): \$1,000* \$500 \$250 \$100 \$50 \$25 Other \$_____

Please direct my donation to:

- Unrestricted Wheelchair Scholarships Research & Education Medical Equipment
Other _____

If you are interested in supporting something that is not listed, please feel free to contact our office.

Payment Options

- I've enclosed a check payable to Woodland Healthcare Foundation (or WHF).
Please mail your check, with this form, to the address above.

I authorize Woodland Healthcare Foundation to debit the following credit card:

VISA MasterCard Expiration date Card No. Name on Credit Card Signature Three digit number on back of card

Donation Options

- One time donation Repeated donation, deducted monthly: Start date: # of Months:

Please provide the following information in full.

Circle your preference: Mr. Mrs. Mr. & Mrs. Ms. Dr. None
First Name: Last Name: Spouse's name
Preferred phone:
Mailing Address: City State Zip
Email address:

- I'd like my name to read as follows:
I prefer that my gift remain anonymous.

Give in Memory or in Honor of a special person in your life:

This donation is made in Memory/Honor of:
Send acknowledgement to (name and address):

If your company has a matching gift program, you can increase your support by submitting your employee form on behalf of Woodland Healthcare Foundation

We are proud to serve our community and appreciate your support!

Woodland Healthcare Foundation is a 501(c)(3) nonprofit corporation. Gifts are tax-deductible to the extent provided by law.