



Donate Now

Thank you for helping others during their greatest time of need. To make a donation, please fill out and print this form. Your completed form and gift may be mailed to:

HSHS St. Clare Foundation
Attn. Ms. Meggie Cramer, Foundation Director
855 S. Main St.
Oconto Falls, WI 54154

I want to donate: \$ _____

My Information

Name

Address

City, State and Zip Code

Phone

Email

Payment Information

- Check\Cash enclosed (payable to "HSHS St. Clare Foundation")
 Credit Card:

VISA Mastercard American Express Discover

Credit Card Number

Expiration

CSC

Name on credit card

Billing Address (if different from above)

City, State and Zip Code

Signature

The next page allows you to designate your gift to your area of choice.

I want my gift to go to:

- HSHS St. Clare Memorial Hospital – Where Most Needed
- HSHS St. Clare Memorial Hospital - Colleague Scholarship Fund
- Nurse’s Nook
- Other (please specify) _____

My Donation Is:

- In memory In honor A special occasion

Name(s) of honoree or occasion

Send card to:

(We do not share the amount you donate)

Full Name

Address

City, State and Zip Code

Personal Message

Thank you!

If you have general questions, please call 920-884-5928 or email us at EWFriends@hshs.org.