



# Love Light

## 2017 Celebration

### Donation Form

- In Memory
- In Honor
- In Recognition of Military Service

Of: \_\_\_\_\_ is my gift of \$ \_\_\_\_\_

- Cash/check enclosed made payable to Partners of Stoughton Hospital
- Bill my VISA/MasterCard

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Exp Date

\_\_\_\_\_  
Card Holder Signature

\_\_\_\_\_  
Sec Code

Donation made by:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Please notify of our gift:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

- Check if you do not wish to be recognized

Please send this form and your contribution to:

Partners of Stoughton Hospital - Love Light  
900 Ridge Street  
Stoughton, WI 53589

Or drop off at the information desk in the hospital lobby.

***Thank you for your support!***