



Love Light

2016 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!