



OCONTO HOSPITAL
 Citizens' Foundation
 P.O. Box 226
 Oconto, WI 54153-0226

Donor & Pledge Card

Name _____

Address _____

Home Phone _____

City _____ State _____ Zip _____

Work Phone _____

Please recognize my gift _____ in honor of _____ to memorialize _____
(person's name)

My Total Donation/Pledge _____ Check/Money Order Enclosed

Please bill me over the next three/five (circle one) years in installments of _____

Annual Quarterly Monthly

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Signature _____

Make checks payable to: Citizens' Foundation and send to above address. Solicited by _____