

*Caring. Giving. Growing.*

Name

Business Name

Street Address

City

State

Zip

Phone

Email

I (we) enclose a gift to the United Hospital District Foundation of:

\$100    \$250    \$500    \$1,000    \$2,500    \$5,000    Other \_\_\_\_\_

I (we) intend to give this gift in the following way:

The total of \$\_\_\_\_\_ is enclosed. (Make checks payable to United Hospital District Foundation)

Please bill me:    Now    Quarterly    Annually

Please charge my:    Visa    Mastercard    Discover

Credit Card #

Signature

Exp. mo/yr (   /   )

UNITED HOSPITAL DISTRICT  
FOUNDATION

Please send this pledge card to United Hospital District Foundation at:

515 S. Moore Street, Blue Earth, MN 56013

(507) 526-3273   [www.uhd.org](http://www.uhd.org)