



**Sakakawea Medical Center Foundation
Annual Fund Drive
2021-2022**

It is my/our intent to make a gift to Sakakawea Medical Center Foundation in support of the following:

- General Fund (to be used where needed most)
- Hospice
- Breast Cancer
- Senior Suites
- Other: _____

In the amount of:

- \$100 \$200 \$500 Other: _____

To be paid in one lump sum (enclosed)

To be paid in equal amounts over the indicated time frame: _____

I wish to remain anonymous (*please do not publicize my donation*).

Donor/Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Contact Name: _____

Phone: _____ Email: _____

Donor's Signature: _____ Date: _____

Please return this form to: Sakakawea Medical Center Foundation
510 8th Ave NE
Hazen, ND 58545

Credit card donations can be made online at www.smcnd.org/foundation. You do not need to return this form if you make an online donation.

Thank you for your support!

*Sakakawea Medical Center Foundation is a 501(c)(3) not-for-profit organization.
Donations are tax deductible.*