

Skilled Nursing Facility & Hospice Care



Fund Raising Goal: \$5.0 Million

I wish to make a gift of \$ _____

Pay by Payroll Deduction

I authorize a payroll deduction in the amount of \$ _____ per pay period for _____ years.
(Maximum of 5 years)

I authorize a one time payroll deduction in the amount of \$ _____.

Donor Information

Name: _____

Address: _____

E-mail: _____

Phone: _____

Signature: _____

Pay By Credit Card

Name on Card: _____

Card Type: _____ Card #: _____

Exp. Date: _____ CVV (3-4 digit code): _____

Pay By Check

Make checks payable to the DCMC Foundation,
P.O. Box 230, Sturgeon Bay, WI 54235

Schedule of Payments

Date	Amount

Payments continue for a maximum of 5 years from the date of your pledge.

Questions? Please call us at 920.746.1071

Door County Medical Center Foundation is a not-for-profit 501 (c)(3) organization. Gifts are tax deductible to the fullest extent of the law.

DCMC patient information was not used for this fundraising program. To be removed from this mailing list, please write or call the DCMC Foundation.