



**Online Donation Form**  
Attention: Billing Department  
PO Box 179  
Lakewood, WI 54138  
Phone: 715-276-6321  
Fax: 715-276-1428

Thank you for supporting NHC. To learn more about our mission and services or to take a tour, please contact Holly Liptack, CFO or email [hollyl@nhcmadden.com](mailto:hollyl@nhcmadden.com).

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Date of Donation: \_\_\_\_\_ Donor Names(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_ Email: \_\_\_\_\_

Gift Amount:  \$25  \$50  \$75  \$100  Other: \_\_\_\_\_

Paid By:  Check **Make Checks Payable to NHC**  
 Master Card  Visa  Discover  American Express

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

You want your gift to support:  Area of greatest need (Unrestricted)  Behavioral Health Services  
 Dental Services  Asthma Care  Diabetic Care  
 Pediatric Care  Social Services  Women's Health

This gift is made in memory of: \_\_\_\_\_

The gift is made in celebration of: \_\_\_\_\_

An acknowledgement should be sent to: \_\_\_\_\_

Address: \_\_\_\_\_

Will your employer match this gift:  Yes  No

Employer Name: \_\_\_\_\_ Employer Phone: \_\_\_\_\_