

Commitment Form

Please consider supporting the Agnesian HealthCare Foundation using this comprehensive giving guide commitment form. Thank you for your continued support.

Samaritan Cash Raffle – Supporting the SSM Health Samaritan Clinic

\$15,000* \$7,500 \$5,000 \$2,500 \$1,500 Other: _____

**Confirmation of Presenting Sponsor must be received by Monday, March 3, 2025.*

Charity Open

Save the date! Monday, August 8, 2025 – More information to follow.

\$25,000 \$15,000 \$10,000 \$7,500 \$5,000 \$2,500 \$500

Other: _____

Caring for You Holiday Luncheon – Supporting the Caring for You Fund

\$5,000 \$2,500 \$1,500 \$500 Other: _____

Make a Gift – Make a contribution supporting the fund(s) you feel most strongly about.

Indicate amount designated to each fund.

- | | | |
|--|--|--|
| <input type="checkbox"/> \$ _____ Area of Greatest Need (Unrestricted) | <input type="checkbox"/> \$ _____ Hospice | <input type="checkbox"/> \$ _____ Waupun Memorial Hospital |
| <input type="checkbox"/> \$ _____ Cancer Care | <input type="checkbox"/> \$ _____ Ripon Community Hospital | <input type="checkbox"/> \$ _____ Women's Health |
| <input type="checkbox"/> \$ _____ Health Care Scholarships | <input type="checkbox"/> \$ _____ Samaritan Clinic | <input type="checkbox"/> \$ _____ Other: _____ |
| <input type="checkbox"/> \$ _____ Heart Care | <input type="checkbox"/> \$ _____ Treffert Center | |
| | <input type="checkbox"/> \$ _____ Treffert Studios | |

Total Commitment: \$ _____

My gift is in honor or memory of: _____

Contact Information:

Name/Company Name: _____

Email: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please check the method of payment below:

- Please invoice me or my company.
- Check enclosed payable to: **Agnesian HealthCare Foundation.**
- Please contact me to charge by credit card.
- I am interested in making a lifelong gift to the foundation by establishing an endowment.
- I would like to make a gift using retirement or investment accounts.
- I would like to join the Legacy Society by making a planned gift to the foundation through my estate.

Make your gift online at givetossmhealth.org/GivingFDL or return this form to:

Agnesian HealthCare Foundation, 430 E. Division Street, Fond du Lac, WI 54935

Call **920-926-5418** with questions.

The Agnesian HealthCare Foundation is a 501(c)3 organization. Your gift may qualify as a charitable tax deduction; please contact your tax advisor.