



Gift Designation Form

Please fill out the information and mail this form in addition to your check to:

Dean Foundation for Health, Research & Education

Attn: Accounting

2711 Allen Boulevard, Suite 300
Middleton, WI 53562

YES, I'd like to support Dean Foundation with a gift of:

\$50 \$ 100 \$250 \$500 \$1,000 \$ _____

I/we wish to remain anonymous.

My check is enclosed, made payable to **Dean Foundation**.

The following programs are substantially supported by your donation:

- | | |
|--|---|
| <input type="checkbox"/> Dean Foundation (unrestricted gift) | <input type="checkbox"/> Medical Research |
| <input type="checkbox"/> Asthma Clinic | <input type="checkbox"/> Middleton Teen Clinic |
| <input type="checkbox"/> BSP Free Clinic | <input type="checkbox"/> Passenger Safety Program |
| <input type="checkbox"/> Dean Foundation Reading Clinic | |

I would like to make this gift in memory/honor of: _____

If you wish, Dean Foundation will notify the person(s) you name below. (Gift amounts are kept confidential)

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Your gift is tax deductible as specified in IRS Guidelines. Please consult your tax advisor for more details.