Donation Form

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Phone _____ E-Mail _____

☐ Home Address ☐ Work Address

Donation Information

Donation amount:

☐ $25 ☐ $50 ☐ $100 ☐ $500 ☐ $1,000 ☐ Other $ _____

☐ Please designate my gift to where it is needed most.

☐ Please designate this gift to a specific program within the Dean Foundation.

- ☐ Asthma Clinic
- ☐ BSP Free Clinic
- ☐ Helmet Safety Program
- ☐ Reading Clinic
- ☐ Medical Research
- ☐ Oncology Research
- ☐ Psych Research

☐ I prefer to be listed as an anonymous donor.

Optional:

This gift is: ☐ In recognition of ☐ In memory of

NAME: _____

Please notify the following of our gift:

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Billing Information

☐ Check (payable to Dean Foundation)

☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Card # _____

Exp. Date _____ Card ID# ____

Billing Address _____
(if different than above)

_____

_____

☐ Yes, I have remembered Dean Foundation in my estate plan.
☐ Yes, I would like someone to contact me regarding my estate plan.

All donations are tax-deductible.

2711 Allen Blvd. Middleton, WI 53562 | 608.827.2300 | dean.org