



Brookings
HEALTH SYSTEM

Foundation

**Brookings Health System Foundation:
Gifts that Change Lives and Save Lives**

**Please print this form and mail with
Your contribution to:**

Brookings Health System Foundation
300 22nd Avenue Brookings, SD 57006

Gift Amount: \$25 \$50 \$75 \$100 \$200 \$250

Other Amount: \$ _____

Enclosed is my check or money order for \$ _____ made payable to Brookings Health System Foundation.

Would you like your gift to be a **tribute** or **memorial** to someone?

Name of Person: _____

Name of Donor: _____

Address: _____

Phone: _____

Reason for recognition: Honor Memorial

Details (optional):

Do you prefer that your gift remains confidential? _____ Yes _____ No

Do you wish for anyone to be notified of this gift?

Name	Address	Telephone
1.		
2.		

Please designate this gift to:

- Brookview Manor Fund
- Charity Care Fund
- Children's Healthcare Fund
- Emergency Medical Services Fund
- General Fund (area of greatest need)
- Home Health Services Fund
- Hospice Fund
- Hospital Fund (Surgery; MRI/Imaging; Rehabilitation; Staff/Community Education)
- New Beginnings Birthing Center Fund
- Nutrition Services Fund
- Yorkshire Eye Clinic
- Other (please specify) _____