

The Keweenaw Health Foundation is a place where patients, family and friends of Aspirus Keweenaw can express gratitude for the excellent care that is provided.

Our mission is to develop resources which will improve the health and well being of the people in our communities.

Thank you for considering a donation to Keweenaw Health Foundation's fundraising efforts.

If you would like to make a designated gift, please select from the following giving options: Select Gift Frequency **5 Year Pledges Giving Levels** I would like to make a gift for the following amount: I would like to make a recurring gift of ______per year for_____years. **Donor Information** First name: ___ Red Jacket Smoke Stack Mine Cart \$1,000 and up \$5,000 (\$1,000/yr) Last name: __ Email address: ___ Address line 1: ___ Address line 2: _____ Centennial No. 6 State: _____ ZIP/Postal code: _____ \$7,500 (\$1,500/yr) \$500 - \$999 Phone: ___ Province: _____ **Payment Information** DISCOVER C & H Headquarters □ VISA MasslerCard \$10,000 (\$2,000/yr) \$250 - \$499 Cardholder's name: _ Credit card number: ___ Credit card expiration: (Month) _____ (Year) _____ 3 Digit CVC: _____ Signature: ___ Bucket Northern Michigan Hospital Billing Information \$100 - \$249 \$20,000 (\$4,000/yr) ☐ Same as above Address line 1: ___ Address line 2: _____ City:__ **Quincy Steam Hoist** State: ___ \$25,000 (\$5,000/yr) ZIP/Postal code: __