



**Dakota Regional Medical Center
Foundation Contribution Form**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

**In Support of the Dakota Regional
Medical Center, I/We are pleased to
make the following contribution:**

Enclosed is my gift of:

\$50

\$100

\$500

Other \$ _____

Make checks payable to DRMC Foundation

_____ Please contact me/us to make
a gift through a will or trust,
insurance or
retirement assets, or gifts.

_____ I/We wish this gift to be given
anonymously.

_____ I/We would like to transfer
securities.
Please call me.

_____ Please contact me about
contribution through Automatic
Withdrawal from my bank account

Please use my gift for:

- _____ **Where Needed Most**
- _____ **Care Center**
- _____ **Hospital**
- _____ **Clinic**
- _____ **Other**

**Dakota Regional
Medical Center
Foundation**

107 12th Street S
Cooperstown, ND 58425

Phone: 701.786.1700, Ext 7108

Fax: 701.786.1691

E-mail: foundation@coopermc.com

**Always here.
Always near.**

Tribute Gift:

I/We _____ wish to provide this gift:

In Memory or Honor of _____

On the Occasion of _____

Please send notice of our tribute gift to:

Name: _____

Address: _____