



Enhancing health care in our community through charitable support

# Donation Form

Return completed form to:

FCH Foundation  
PO Box 826  
Fairmont, MN 56031

## GIFT INFORMATION

Amount enclosed \$ \_\_\_\_\_

This gift is in: (circle one) memory honor celebration Name: \_\_\_\_\_

## GIVING METHOD

### Check

Enclosed is a check for \$ \_\_\_\_\_ (payable to FCH Foundation)

### ACH

Amount per month \$ \_\_\_\_\_ Date of withdrawal will be the 15th of each month or Monday following.

\_\_\_\_\_ (circle one) Checking Savings  
Account Number

\_\_\_\_\_ Between these symbols [: ]: bottom left of your check  
Routing Number

## DONOR INFORMATION

\_\_\_\_\_  
PRINT First & Last Name

\_\_\_\_\_  
Street Address City, State, Zip

\_\_\_\_\_  
Phone Email

## QUESTIONS

Contact Kayla Caven, FCH Foundation Administration  
Email: [foundationfch@gmail.com](mailto:foundationfch@gmail.com)  
Phone: 507.236.3397