



Enhancing health care in our community through charitable support

Donation Form

Return completed form to:
FCH Foundation
PO Box 804
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

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

DONOR INFORMATION

PRINT First & Last Name

Street Address City, State, Zip

Phone Email

QUESTIONS

Contact Kayla Caven, FCH Foundation Administration
Email: foundationfch@gmail.com
Phone: 507.236.3397