



## Gift Designation Form

Please fill out the information and mail this form in addition to your check to:

**Dean Foundation for Health, Research & Education**

**Attn: Accounting**

2711 Allen Boulevard, Suite 300

Middleton, WI 53562

**YES, I'd like to support Dean Foundation with a gift of:**

\$50     \$ 100     \$250     \$500     \$1,000     \$ \_\_\_\_\_

I/we wish to remain anonymous.

My check is enclosed, made payable to **Dean Foundation**.

The following programs are substantially supported by your donation:

Dean Foundation (unrestricted gift)

Asthma Clinic

BSP Free Clinic

Medical Research

Middleton Teen Clinic

Passenger Safety Program

I would like to make this gift in memory/honor of: \_\_\_\_\_

If you wish, Dean Foundation will notify the person(s) you name below. (Gift amounts are kept confidential)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_      Zip: \_\_\_\_\_

Your gift is tax deductible as specified in IRS Guidelines. Please consult your tax advisor for more details.