

Fill out and mail to
Naeve Health Care Foundation
404 W. Fountain Street
Albert Lea, MN 56007
507-434-1595

Your Name:					
Home Addres	ss:				
City, State Zip	p:				
The gift is	□ in memory of	f □ in honor of:	(your gift amoun	nt will remain cor	nfidential)
Please notify:	Name				
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Total gift \$					
Make check	payable to:				
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☐ Please ma	ke my gift to anony	mous			
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Contributions	are tax-deductable	to the extent of the la	aw.		

Thank you for supporting quality local health care.