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**Printable Contribution Form**

Please complete form and mail to  
PO Box 128, Cloquet MN 55720

Yes! I am able to help Community Memorial Hospital with the following contribution:

Cash contribution of \$ \_\_\_\_\_

Gift of the following securities: \_\_\_\_\_

A memorial of \$ \_\_\_\_\_ for \_\_\_\_\_ (name of memorial)

I am interested in receiving information regarding the tax benefits involved in setting up a trust, endowment, or bequest. Please contact me with more information.

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Please send me a receipt for my contribution