



Albert Lea

Your Name: _____

Home Address: _____

City, State, Zip: _____

This gift is in memory of in honor of: _____
(your gift amount will remain confidential)

Please make my gift anonymous

Please notify: Name _____

Address _____

City, State, Zip _____

I wish to support the following program(s):

Cancer Center

Fountain Centers

Garth Barker Memorial Scholarship Fund

Fountain Centers Patient Support Fund

Hospice

Other _____

Total Gift: \$ _____

Make checks payable to **Mayo Clinic Health System – Albert Lea**

Please send to:

Mayo Clinic Health System – Albert Lea

Attn: Development

404 W. Fountain St.

Albert Lea, MN 56007