

**Lisbon Area Health Care Services Foundation**  
**On line Giving Form**

*To make a tax-deductible donation to Lisbon Area Health Service's Foundation, send your gift with the completed form so your gift can be properly acknowledged. If you desire we are available to meet with you to discuss other giving opportunities such as making a Planned Gift to Lisbon Area Health Services Foundation.*

Name: \_\_\_\_\_  
(please print it, as you would like it recorded in our donor list)

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

City, State, and Zip: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

My/Our gift of \$ \_\_\_\_\_

*Is enclosed (please make checks payable to Lisbon Area Health Services Foundation)*

Please apply my gift to:     *Greatest Needs Fund*  
    *Equipment Needs Fund*  
    *Employee Financial Assistance Fund*

Please accept this gift as a     *Tribute to:* \_\_\_\_\_  
    *In Memory of:* \_\_\_\_\_  
    *To Celebrate:* \_\_\_\_\_

Please send a notice of my/our gift to: Name: \_\_\_\_\_

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

City/St/Zip: \_\_\_\_\_

*Your gift is 100% tax deductible with in IRS limitations*

**For further information, please contact Foundation Director, 905 Main St. PO. Box 353 Lisbon, ND. 58054 or  
by phone 701-683-6441.**

