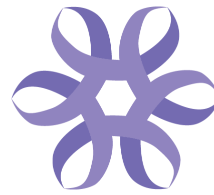
Donation Form



Cancer Center of Western Wisconsin

Care Bags

Fund assists in the purchase of care bags filled with comfort items given to patients during their time of treatment.

General Fund

Fund devoted to furthering our efforts in providing high quality care to our patients.

Little Blessings

Fund dedicated to assisting patients through gift cards given for personal or family needs including date nights, salon appointments, gas purchases, etc.

Journey Garden

Fund supports the development and maintenance of the Journey Garden located behind the Radiation Therapy Center at Westfields Hospital & Clinic. The garden creates a space to reflect, recover and renew for patients, caregivers, & staff.

Honor your loved one with an engraved paver stone:

Engraved Paver Stone $225

On behalf of the many individuals who benefit from the programs at the Cancer Center of Western Wisconsin, we thank you for your donation. Much of what we do would not be possible without your contribution & commitment to quality care in Western Wisconsin.

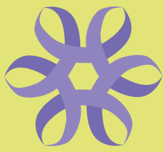
Donation Information

This gift is: □ In Honor of □ In Memory of

Name________________________________

Thank you for your gift of support.

See Reverse Side



Cancer Center of Western Wisconsin

Please apply my gift to the following fund:

- □ Care Bags
- □ General Fund
- □ Little Blessings
- □ Journey Garden
- □ Engraved Paver Stone

**Please note paver stones are dedicated in honor or memory of individuals with cancer.

Personal Information

First Name_______________________________________

Last Name_______________________________________

Address____

City/State/Zip__________________________________

Phone____

E-mail____

Please send an acknowledgment of my gift to:

First Name_______________________________________

Last Name_______________________________________

Address____

City/State/Zip__________________________________

Personalization:

Each paver may be engraved with up to four lines, 18 characters per line, including spaces/punctuation.

Payment Method:

☐ Check $___________

Payable to **Cancer Center of Western Wisconsin**

☐ Card $_____________ ☐ MasterCard ☐ Visa

Name as it appears on card___________________________

Signature____

Card Number____

Expiration (Month/Year) _______ Security Code_________

Please send completed form along with payment to:

Cancer Center of Western Wisconsin
501 Hospital Road, New Richmond, WI 54017