

Tomorrow's Hope Designated Funds

PLEASE PRINT CLEARLY

We are excited to offer you the option to designate where you would like your funds to go. If you are interested, please fill out this form and return it to the address listed below. This designation choice is optional and applies to Hope Fest 2018.

Please Print Clearly

Team Name: _____

Your Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Best Contact Phone Number: _____

E-Mail Address: _____

1. I would like my funds to be designated to the following organizations. If more than one recipient is selected, the funds will be divided equally.

- Alzheimer's Association of Southeastern Wisconsin \$ _____
- American Family Children's Hospital – Madison \$ _____
- Children's Hospital of Wisconsin, Milwaukee \$ _____
- Fort HealthCare, Fort Atkinson \$ _____
- Johnson Creek Cancer Center \$ _____
- National Niemann-Pick Disease Foundation \$ _____
- Rainbow Hospice Care, Jefferson County \$ _____
- Rock River Free Clinic \$ _____
- University of Wisconsin, Carbone Cancer Center, Madison, Wisconsin \$ _____
- Watertown Regional Medical Center \$ _____
- Watertown Area Cares Free Clinic \$ _____
- _____

(New recipient must be vetted and approved by Tomorrow's Hope.)

A minimum donation of \$100 is required if more than one recipient is selected.

_____ *Donation Amount* _____ *Number of organizations selected*

Signature: _____ **Date:** _____

If you wish to use this option, please return this form to us with your packet.

Tomorrow's Hope, P.O. Box 95, Jefferson, WI 53549

For additional information, please call us at (920) 674-8967.