

# Wound Healing Foundation

## Contribution Form

YES, I would like to support the Wound Healing Foundation with my tax-deductible contribution.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email \_\_\_\_\_

Enclosed is my contribution of \$ \_\_\_\_\_

I would like to pledge a contribution of:

\$50  \$75  \$100  \$125  
 \$200  \$250  \$300  other \$ \_\_\_\_\_

- I would like to join the Leadership Circle with an annual contribution of \$1,000 or greater
- Contact me about donating stock
- Contact me about a planned gift

*All gifts to the Wound Healing Foundation are tax-deductible to the fullest extent of the law.*

**Mail to:**

The Wound Healing Foundation  
13355 Tenth Avenue North, Suite 108  
Minneapolis, Minnesota 55441-5554