

Hiawatha Valley

Mental Health Center

Serving the Communities of Houston, Wabasha, and Winona Counties

Please complete the following form & mail in along with your donation:

Name(s): _____
(As you would like to be acknowledged)

I (we) would like to remain anonymous

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please indicate how you would like to support Hiawatha Valley Mental Health Center:

\$20 \$50 \$100 \$250 \$500 \$1000 Other: _____

Payment Information:

My check is enclosed (payable to Hiawatha Valley Mental Health Center)

Please charge my donation to my credit card: Visa MasterCard

Card Number: _____ Expiration Date: _____

Cardholder's Name (as it appears on the card): _____

Signature: _____

This gift is in honor of / in memory of:

Name of honoree: _____

Please notify the following person(s) of this gift:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please mail this form to:

Hiawatha Valley Mental Health Center

166 Main Street

Winona, MN 55987