

## St. Michael's Foundation: Giving Form

Name \_\_\_\_\_

Street address \_\_\_\_\_

City, State, Zip code \_\_\_\_\_

Preferred Phone \_\_\_\_\_ Email (optional) \_\_\_\_\_

### Tell us about your gift

I/we would like to contribute \$ \_\_\_\_\_ to St. Michael's Foundation. I/we would like this gift to benefit:  Greatest Needs;  Second Operating Room;  Nursing Home;  Hospice/Homecare;  Good Neighbors Fund

(optional) My employer will match this gift. The matching gift form is:

enclosed;  being sent later.  I/we would like for this gift to remain anonymous

This gift is  in honor of  in memory of \_\_\_\_\_ (person, event). We would like acknowledgement of this gift sent to \_\_\_\_\_  
Name

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

For gifts of \$250 or more,  please recognize this gift on St. Michael's Tree of Life, with this inscription: \_\_\_\_\_

### Select a payment method

Check enclosed, made payable to St. Michael's Foundation

I/we would like to use this credit card:  Mastercard  Visa

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Card number \_\_\_\_\_ Expiration Date (mm/dd/yr)

\_\_\_\_\_  
Signature \_\_\_\_\_ Today's Date (mm/dd/yr)

I/we would like to make an ongoing gift in semi-annual installments of \$ \_\_\_\_\_

using:  credit card (fill in info. above)  checking account:

\_\_\_\_\_  
Routing Number \_\_\_\_\_ (The middle set of numbers at the bottom of your check)

(the first set of numbers at bottom left of your check, 9 digits)

*All ongoing gifts will be processed on the 5<sup>th</sup> day of the month*

### Send your gift

If you have any questions about making your gift or would like more information, please call our Foundation Director, Cynthia Malmrose, at 320-352-2221 and she will be happy to assist you. When you have completed this form, please mail it to St. Michael's Foundation, 425 North Elm Street, Sauk Centre, MN 56378.

*Thank you*