

## HOPE

HONORING OUR PATIENT EXPERIENCE



## **Park Nicollet Foundation Mail-in Contributions**

Yes, I want to make a difference with		
□ \$1,000 □ \$500 □ \$250 □	1 \$100 □ \$50 □ \$25	5 □ \$10 □ Other: \$
Giving options  ☐ Area of greatest need ☐ Caring for Colleagues program ☐ Frauenshuh Cancer Center ☐ Hospice ☐ International Diabetes Center ☐ Jane Brattain Breast Center		Melrose Institute Park Nicollet Institute Struthers Parkinson's Center Stroke INSPIRE Women's Center Other area (specify here) Team Fundraiser (team name)
Contact information  Your name  Address City/State/ZIP Phone email Pledge		
Pledge payments over years <i>(up</i>	to five years) Schedule: [	TMonthly □Quarterly □Annually
Method: ☐ Check (reminders will be s		
Payment  ☐ Check enclosed ☐ Visa (payable to Park Nicollet Foundation)  Account no Ex		•
☐ Park Nicollet payroll deduction (F		
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Thank you! Your gift is tax deductible as allowable by law. A letter acknowledging your gift (without indicating amount) will be sent to the person(s) that you wish notified.

Please print and complete this form, then mail, email or fax to: Park Nicollet Foundation, 6500 Excelsior Blvd., St. Louis Park, MN 55426 foundation@parknicollet.com, 952-993-6745 fax