



Park Nicollet Foundation Contribution Form

Yes, I want to make a difference with my gift of:

\$1,000 \$500 \$250 \$100 \$50 \$25 \$10 Other: \$ _____

Give your way

Individual internal gift

Caring for Colleagues program
Frauenshuh Cancer Center
Hospice
International Diabetes Center
Jane Brattain Breast Center
Melrose Center
Park Nicollet Institute

Struthers Parkinson's Center
Stroke INSPIRE
Women's Center and Services

Park Nicollet community support

Park Nicollet sponsored school-based health centers (Brooklyn Center, Burnsville, St. Louis Park, Richfield)
Growing Through Grief support groups

Adolescent tele-mental health
Greater Twin Cities United Way

Hope chests

Team Fundraiser (team name)

Organization-wide support

Children's Health Initiative

Contact information

Your name _____

Address _____ City _____ State _____ ZIP _____

Phone _____ Email _____

For recognition purposes, please list my/our name(s) as: _____

I/we wish to remain anonymous. Please do not include my/our name(s) in any listing of donors.

Payment

Check enclosed Visa / MasterCard / American Express / Discover
(payable to Park Nicollet Foundation)

Account no. _____ Exp. date _____ Signature _____

Park Nicollet payroll deduction (Park Nicollet team members only)

Sign me up to be a sustaining donor!

(Sustaining gifts are made via payroll deduction and will continue until you request a change.)

Employee number _____ Department _____ Location _____

Total gift amount _____ Signature _____

(Installments will be divided evenly throughout the pay periods within 2016.)

Please bill me Stock Please contact me about a gift through my/our will or estate plan.

I would like to designate my gift

In honor of (person and occasion): _____ or,

In memory of (person): _____

For honorary and memorial gifts, send an acknowledgment to:

Name (please print) _____

Address _____

City _____ State _____ ZIP _____

Phone _____

Give online at parknicollet.com/give

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

Double your impact

HealthPartners will provide a dollar-for-dollar match for every team member gift to Park Nicollet Foundation's Annual Campaign, up to \$500,000. This is a great way to make your gift go even further.