


HOPE

HONORING OUR PATIENT EXPERIENCE

40th ANNIVERSARY

Park Nicollet Foundation Mail-in Contributions

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

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

Giving options

- | | |
|--|--|
| <input type="checkbox"/> Area of greatest need | <input type="checkbox"/> Melrose Center |
| <input type="checkbox"/> Caring for Colleagues program | <input type="checkbox"/> Park Nicollet Institute |
| <input type="checkbox"/> Frauenshuh Cancer Center | <input type="checkbox"/> Struthers Parkinson's Center |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> Stroke INSPIRE |
| <input type="checkbox"/> International Diabetes Center | <input type="checkbox"/> Women's Center |
| <input type="checkbox"/> Jane Brattain Breast Center | <input type="checkbox"/> Other area (specify here) _____ |
| | <input type="checkbox"/> Team Fundraiser (team name) _____ |

Contact information

- Your name _____
 Address _____
 City/State/ZIP _____
 Phone _____
 email _____

Pledge

Pledge payments over ____ years (*up to five years*) Schedule: Monthly Quarterly Annually
Method: Check (*reminders will be sent*) Credit Card (*complete the information below*)

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*)

Employee number _____ Department _____ Location _____

Total gift amount _____ Signature _____

(Installments will be divided evenly throughout the pay periods within 2014)

- 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 _____

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