Park Nicollet Foundation



CONTRIBUTION FORM

Yes, I want	to make	a differe	nce with	my gift o	of:			
\$1,000	\$500	\$250	\$100	\$50	\$25	\$10	Other: \$	
Give your versions of the second area of the second	Programs uh Cancer Contners Resea I Vascular Contain Breast Contai	enter Irch and Edenter Center ity suppored school-tef school such all health	ucation t pased healt upport grou	h resourc ups	e centers	Melrose Stroke I Struthe TRIA O Women Other a	Other: \$	
Contact i								
Your name _								
						•	State ZIP	
	to remain a	nonymous.	Please do	not includ	le my/our	name(s) i	in any listing of donors.	
Payment								
Check en (payable to Park	closed Nicollet Found		MasterCard	l / Americ	an Expres	ss / Discov	/er	
Account no Exp. date _					late	Signature		
Park Nico	llet payroll	deduction (Park Nicollet	team memb	ers only)			
Employee number Department Location								
Total gift amo (Installments will Please bil	be divided even	ly during th	S ne remainder o nor advise	f this year	throughout	next year	as a one-time deduction. Please select one.) ne about a gift through my/our will or estate plan.	
I would li	ke to des	signate 1	ny gift			Gi [.]	ve online at parknicollet.com/give	
In honor of (person and occasion):or,					or,	Thank you! Your gift is tax deductible as allowable by law.		
In memory of (person):					A letter acknowledging your gift (without indicating amount) will be sent to the person(s) that you wish notified.			
For honorary	and memor	rial gifts, se	end an ackn	owledgm	ent to:	Plea	se print and complete this form, then mail,	
Name (please print)					email or fax to: Park Nicollet Foundation, 6500 Excelsior Blvd., St. Louis Park, MN 55426			
Address					foundation@parknicollet.com • 952-993-6745 fax			
City State ZIP					In accordance with the payment card industry (PCI), we cannot			
Dhara						acce	ept credit card information via fax or email.	