



By giving to Park Nicollet Foundation, you are enhancing the care people receive, while fueling healthcare innovation, outreach, and research – making a difference in the lives of thousands of people throughout our community. Your gift can be designated to a variety of programs. These programs depend on your continued support and donations.

1 Yes! I want to make an impact with a

- ☐ **ONE-TIME GIFT** in the amount of \$ _____
- ☐ **PLEDGE** in the amount of \$ _____
over _____ years, beginning date ____ / ____ (mm/yyyy)
- ☐ **RECURRING DONATION** of \$ _____ per month

DIRECT MY GIFT TO:

- | | |
|--|---|
| <input type="checkbox"/> Area of Greatest Need | <input type="checkbox"/> Jane Brattain Breast Center |
| <input type="checkbox"/> Healthy Community Fund | <input type="checkbox"/> Melrose Center |
| <input type="checkbox"/> Adolescent Tele-mental Health | <input type="checkbox"/> Park Nicollet Methodist Hospital |
| <input type="checkbox"/> Frauenshuh Cancer Center | <input type="checkbox"/> School-Based Health Resource Centers |
| <input type="checkbox"/> Growing Through Grief | <input type="checkbox"/> Stroke INSPIRE |
| <input type="checkbox"/> HealthPartners Institute for Research and Education | <input type="checkbox"/> Struthers Parkinson's Center |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> Women's Services |
| <input type="checkbox"/> International Diabetes Center | <input type="checkbox"/> Other _____ |

2 Donor Information & Recognition

NAME: _____ DATE: _____

COMPANY NAME: (if applicable) _____

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.
- ☐ My company matches gifts (Please enclose or send the matching gift form).

Company name

- ☐ I want to become a Park Nicollet Foundation Sustainer. My contribution will continue until I request a change. (Please complete the credit card information.)

3 Payment Information

- ☐ **CASH OR PERSONAL CHECK** (payable to Park Nicollet Foundation)
- ☐ **SECURITIES TRANSFER OF STOCK**

Name of Stock Number of Shares

Broker Name Broker Phone

- ☐ **CREDIT CARD** (for either one-time gifts or monthly gifts)

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> American Express | <input type="checkbox"/> Discover |
| <input type="checkbox"/> MasterCard | <input type="checkbox"/> Visa |

NAME: _____
(as it appears on card)

CARD NUMBER: _____

EXP. DATE: _____

SIGNATURE: _____

In accordance with the payment card industry (PCI), we cannot accept credit card information via fax or email.

4 Special Instructions

MY GIFT IS IN HONOR OF _____

MY GIFT IS IN MEMORY OF _____

A card acknowledging your gift (without including your gift amount) will be sent to the person(s) you wish to notify. Send card(s) to:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

► SIGNATURE: _____ DATE: _____

Thank you for your support!

Your gift is tax deductible as allowable by law.
Federal ID # 23-7346465

CONTACT US:

online: parknicollet.com/GIVE
Email: foundation@parknicollet.com
Phone: 952-993-5023
Fax: 952-993-6745

SEND COMPLETED FORM TO:

Park Nicollet Foundation
6500 Excelsior Blvd.
St. Louis Park, MN 55426