spectrumtrust

HONORING THE PAST ■ CREATING THE FUTURE

Make a Gift to Support SpectrumTrust

SpectrumTrust
The Saint Paul Foundation
55 Fifth Street East, #600
St. Paul MN 55101

1. CHOOSE THE FUND YOU WOULD LIKE TO BENEFIT

☐ **Multicultural Endowment**
☐ **Asian Pacific Endowment**
☐ **El Fondo de Nuestra Comunidad**
☐ **Pan African Community Endowment**
☐ **Two Feathers Endowment**
☐ **Other** _____

2. INDICATE THE FREQUENCY OF YOUR GIFT

☐ **I would like to make a single donation in the following amount: $** _____

☐ **I would like to make a recurring gift:**

Payment frequency (please circle one)**:** **monthly** **quarterly** **bi-annually** **annually**

Gift amount $ _____ **x** **Number of payments** _____ **=** **Total amount of gift $** _____

5. CHOOSE THE METHOD OF PAYMENT

☐ **Check/cash is attached.**

☐ **Automatic deduction from your:** **[___] Checking Account** *Attach a voided check* **[___] Savings Account** *Attach a deposit slip*

☐ **Credit Card** **[___] MasterCard** **[___] Visa**

_____ _____/_____
Card Number Expiration Date
Please note: all fees related to a credit card charge are paid by the endowment.

6. GIVE US YOUR AUTHORIZATION

Name: _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Daytime Phone: _____ **E-mail:** _____

I authorize The Saint Paul Foundation to process debit entries to my account. I have attached a voided check or savings deposit slip. This authority will remain in effect through the period specified above or until I give reasonable notification to terminate this authorization.

_____ _____
Signature **Date**

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Donor # _____
Date _____

Effective Date: _____
θ Change Financial Institution Account
θ Discontinue Electronic Donation

θ New Authorization
θ Change Donation Amount
θ Change Donation Date