MINNESOTA COMMUNITY FOUNDATION
What's your vision?

THE SAINT PAUL FOUNDATION

THANK YOU for supporting The Saint Paul Foundation and Minnesota Community Foundation!

Here are several ways to make a gift.

1. INDICATE WHAT FUND THE GIFT SHOULD BENEFIT:

_____

Fund Name

2. INDICATE THE TOTAL AMOUNT OF YOUR GIFT:

θ $2,500 θ $1,000 θ $500 θ $250 θ $100 $_____ Other

3. TELL US THE TIMING OF YOUR GIFT:

θ One time gift
θ Twice a year = two payments that total amount in #2 – beginning on date received, then 6 months later
θ Quarterly = four payments that total the amount in #2 – beginning on date received, then every 3 months
θ Monthly = twelve payments that total the amount in #2 – beginning on date received, then monthly
θ Biweekly (payroll deductions only) = twenty-six payments that total the amount in #2 – beginning on date received, then every payroll for one year.

4. CHOOSE YOUR METHOD OF PAYMENT:

θ AUTOMATIC DEDUCTION FROM YOUR: [___] CHECKING ACCOUNT *Attach a voided check* [___] SAVINGS ACCOUNT *Attach a deposit slip*

Routing # (between |: and |:) _____ Account #: _____

θ CREDIT CARD [___] Visa [___] MasterCard

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

5. GIVE US YOUR AUTHORIZATION

Name: _____

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

Daytime Phone: _____ E-mail: _____

I authorize The Saint Paul Foundation or Minnesota Community 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. I certify that I have not received any goods or services in exchange for this contribution.

_____ _____
Signature Date

For Office Use Only

Donor # _____
Date

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

θ New Authorization
θ Change Donation Amount
θ Change Donation Date