## Park Nicollet Foundation



## **CONTRIBUTION FORM**

Yes, I want	to make	a differe	nce with	my gift (	of:			
\$1,000	\$500	\$250	\$100	\$50	\$25	\$10	Other: \$	
Give your way Special area gift Diabetes Programs Frauenshuh Cancer Center						Melrose Center Stroke INSPIRE Struthers Parkinson's Center		
HealthPartners Research and Education Heart and Vascular Center Hospice Jane Brattain Breast Center						TRIA Orthopaedic Center Women's Services Other area (specify here):		
Park Nicolle	et commun	ity suppo	rt					
Growing T Adolescer Other are	Through Grid nt tele-ment a (specify h	ef school si tal health ere):	ipport gro	ups			n Center, Burnsville, Richfield, St. Louis Park)	
Contact i								
						•	State ZIP	
_	to remain a	nonymous.	Please do	not includ	de my/our	name(s) i	in any listing of donors.	
Payment								
Check en (payable to Park	closed Nicollet Found		MasterCard	l / Americ	an Expres	s / Discov	ver	
Account no.				Exp. d	late		Signature	
Park Nico	llet payroll	deduction (	Park Nicollet	team memb	ers only)			
Employee nu	mber		D	epartmer	nt		Location	
	be divided even	nly during th		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 <b>parknicollet.com/give</b>	
In honor of (person and occasion):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 memo	rial gifts, se	end an ackn	owledgm	ent to:		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						four	ndation@parknicollet.com • 952-993-6745 fax	
Address            State						ecordance with the payment card industry (PCI), we cannot ept credit card information via fax or email.		
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