



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)*
 - American Express
 - Discover
 - MasterCard
 - 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