

Melrose Center



CONTRIBUTION FORM

Yes, I want to make a difference with my gift of:

\$1,000 \$500 \$250 \$100 \$50 \$25 \$10 Other: \$ _____

Giving options to Melrose Center

Area of greatest need

Program Fund

Patient Special Needs Fund

Outreach and Education Fund

Eating Disorder/Diabetes Housing Fund

Clare Susan Humphrey Memorial Fund

Other area (specify here): _____

Contact information

Your name _____

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.

Payment

Check enclosed Visa / MasterCard / American Express / Discover
(payable to Park Nicollet Foundation)

Account no. _____ Exp. date _____ Signature _____

Park Nicollet payroll deduction (Park Nicollet team members only)

Employee number _____ Department _____ Location _____

Total gift amount _____ Signature _____

(Installments will be divided evenly during the remainder of this year throughout next year as a one-time deduction. Please select one.)

Please bill me Stock Donor advised fund Please contact me about a gift through my/our will or estate plan.

I would like to designate my gift

In honor of (person and occasion): _____ or,

In memory of (person): _____

For honorary and memorial gifts, send an acknowledgment to:

Name (please print) _____

Address _____

City _____ State _____ ZIP _____

Phone _____

Give online at parknicollet.com/give

Thank you! Your gift is tax deductible as allowable by law.
A letter acknowledging your gift (without indicating amount)
will be sent to the person(s) that you wish notified.

**Please print and complete this form, then mail,
email or fax to: Park Nicollet Foundation,
6500 Excelsior Blvd., St. Louis Park, MN 55426
foundation@parknicollet.com • 952-993-6745 fax**

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