



DONATION FORM

Please complete this form and mail it with your check payable to:

Assistance League® of Minneapolis/St. Paul, 6416 Penn Avenue South, Richfield, MN 55423

Name _____

Street _____

City/State/Zip _____

(Gift acknowledgement will be sent to this address.)

Include my name and (if applicable) my spouse's name in any publication.

I wish to remain anonymous. Please do not include my/our name in any publications.

This donation is: *(please check one if applicable)*

In honor of In Memory of Name _____

Send acknowledgement

of honorarium/memorial to: Name _____

Street _____

City _____ State _____ Zip _____

Special Instructions if needed: _____

Signature: _____

Please remember Assistance League in your estate plans. Thank you for your tax-deductible donation.

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