



Benedictine
FOUNDATION

Gift Form

☐ **YES!** *I/we are dedicated to enriching lives of the people who call Benedictine home.*

My/our contact information is:

Name _____ DOB (month/day) ____ / ____

Address _____

City _____ State _____ Postal Code _____

Phone _____ Email _____

☐ **I/we wish to remain anonymous**

Payment Information

I/we will make this gift as follows:

☐ One time gift in the amount of: \$ _____

☐ Maximize my impact with a Recurring Gift in the amount of: \$ _____ per **month / quarter / year**
(circle one).

*Please indicate payment type: ☐ Cash ☐ Check

***Please visit BenedictineLiving.org/Donate to make gifts using credit card or ACH as payment.**

I/we would like to contribute to: _____
Community Name *City, State*

I/we would like to dedicate my/our gift (optional):

In **memory / honor** of (circle one): _____
☐ *Please send an acknowledgement on my behalf to the family***

****Family name and address required:** _____

Please mail this form with donation to:
Benedictine Foundation | 6499 University Avenue NE, Suite 300 | Minneapolis, MN 55432