

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

Payment Information

I/we will make this gift as follows:

- One time gift in the amount of: \$_____ Cash Check Credit Card (*authorize below*)
- Maximize My Impact with a Recurring Gift in the amount of: \$_____ (*authorize below*)
- I authorize the Benedictine Foundation to charge my credit/debit card: Monthly Quarterly Annually
Card Type: Visa MasterCard Discover American Express
- Card Number _____ CVV _____ Exp. Month/Year _____
- Name on Card _____ Signature _____

I/we would like to contribute to the greatest need at the following Benedictine Community:

- | | | |
|--|--|--|
| <input type="checkbox"/> Benedictine System-Wide | <input type="checkbox"/> LaMoure | <input type="checkbox"/> Shakopee St. Gertrude's |
| <input type="checkbox"/> Ada | <input type="checkbox"/> Minneapolis | <input type="checkbox"/> Shakopee Windermere Way |
| <input type="checkbox"/> Anoka | <input type="checkbox"/> New Brighton | <input type="checkbox"/> Wahpeton |
| <input type="checkbox"/> Belleville | <input type="checkbox"/> Northfield | <input type="checkbox"/> Wausau |
| <input type="checkbox"/> Bismarck | <input type="checkbox"/> Osseo | <input type="checkbox"/> Winona |
| <input type="checkbox"/> Byron | <input type="checkbox"/> Owatonna | |
| <input type="checkbox"/> Cold Spring | <input type="checkbox"/> Red Wing | |
| <input type="checkbox"/> Crookston | <input type="checkbox"/> Regina/Hastings | |
| <input type="checkbox"/> Dickinson | <input type="checkbox"/> Rochester Madonna Meadows | |
| <input type="checkbox"/> Duluth | <input type="checkbox"/> Rochester Madonna Towers | |
| <input type="checkbox"/> Ellendale | <input type="checkbox"/> St. Joseph | |
| <input type="checkbox"/> Garrison | <input type="checkbox"/> St. Peter | |
| <input type="checkbox"/> La Crosse | | |

Our Ministry Partners:

- Cerenity Care Center–Humboldt
- Cerenity Care Center–Marian
- Cerenity Care Center–White Bear Lake
- Nazareth Living Center
- Villa St. Benedict

100% of your donation goes to the Community you designate.

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

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

*Family name and address required: _____

My/our Contact Information is:

Name _____
 Address _____
 City _____ State _____ Postal Code _____
 Phone _____ Email _____