

LIFE Mower County | DONATION FORM

Name: _____

Address: _____ City, State, Zip Code: _____

Phone: Home Work Mobile _____

Email Address: _____

I would like to make a donation of: \$ _____

One time donation

Monthly

Quarterly

Anonymous

Yearly

I will mail my recurring donation to LIFE Mower County

OR

Please charge my credit or debit card on the (Circle One): 1st OR 15th day of the month.

The initial transaction will occur when the organization receives this form.

If recurring, the donations will recur until:

No End Date - Until I cancel by contacting the organization.

Month _____ / Day _____ / Year _____

Please direct my gift to one of the following areas:

Programs

Scholarship fund

Please use my gift where it is needed most

Endowment - Please make check payable to the Austin Area Foundation

Tribute Gift - Send acknowledgement via email/postal mail to:

In Honor Of _____

In Memory Of _____

Name: _____

Address: _____ City, State, Zip Code: _____

Phone: Home Work Mobile _____

Email Address: _____

Payment: Cash Check, Payable to LIFE Mower County Credit/Debit Card

Card # _____ - _____ - _____ - _____

3 Digit Security Code: _____

Expiration Date: _____

Billing Zip Code: _____

Mail this form and your donation to: LIFE Mower County, 401 2nd Avenue NE, Austin, MN 55912.

Your donations are deductible to the fullest extent of the law.

Privacy Statement: Your privacy is important to us. The information you provide about yourself, family members or friends is for LIFE Mower County's Information only. We do not share this information with outside parties.