



Donation Form

Donor Name: (as you would like it to appear in print): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail Address: _____

My gift is in memory of:

(Name): _____

My gift is in honor of:

(Name): _____

Please notify the following individual(s) that this gift has been made (without mention of gift amount):

1. Name: _____

Address: _____ State: _____ Zip: _____

2. Name: _____

Address: _____ State: _____ Zip: _____

For the amount of:

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

I would like my gift used for: _____

Payment Type:

Cash or Check

Credit Card:

VISA MasterCard Discover American Express

Cardholder Name: _____

Cardholder Billing Address: _____

City: _____ State: _____ Zip: _____

Credit Card #: _____ Sec. Code: _____ Exp. Date: _____

Cardholder Signature: _____ Date: _____

Please mail to: Altru Health Foundation
PO Box 6002
Grand Forks, ND 58206-6002