## TWICE BLESSED DONATION FORM

Please complete the information below to ensure proper preparation. (please print clearly)

| Bollof Hailie.                     |          |               |
|------------------------------------|----------|---------------|
| Organization Name (if applicable): |          |               |
| Address:                           |          |               |
| City:                              | _ State: | Zip Code:     |
| Country:                           |          |               |
| Email (required):                  |          |               |
| Telephone Number (required):       |          | □Home □Mobile |

## THANK YOU FOR YOUR DONATION

Donor Namo

Please mail to: St. Joseph's Community Health Foundation 308 2nd Ave SW, Minot, ND 58701 Email: sjchf@minot.com

If you would like to donate by phone via credit card, please call (701) 837-1726.

| METHOD OF PAYMENT Check or money order (please make payable to St. Joseph's Community Health Foundation and enclose with form |
|---|
| Credit Card: Visa / Mastercard (please circle)  |
| Expiration Date:  |
| Cardholder's Name:  |
| Signature:  |
| Date:   |
| Amount of Donation: \$  |
| CAUSE To denote to a specific square please write the name of the square on the mem   |

To donate to a specific cause, please write the name of the cause on the memo line of your check. For credit card donations, please indicate here the cause you would like your donation and the TWICE BLESSED matched donation to go to.

| Name of Cause: | International Music Camp |
|----------------|--------------------------|
|                |                          |