



# TWICE BLESSED DONATION FORM

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

Donor Name: \_\_\_\_\_

Organization Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Email (required): \_\_\_\_\_

Telephone Number (required): \_\_\_\_\_  Home  Mobile

## THANK YOU FOR YOUR DONATION



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

CVV

Expiration Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Amount of Donation: \$ \_\_\_\_\_

## CAUSE

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: \_\_\_\_\_ **St. Andrews Health Center**