

Missions Inc. Programs Cash Gifts Form

Please print, fill-out and mail to: Missions Inc. Programs - Development, 3409 East Medicine Lake Boulevard, Plymouth, MN 55441

Gift Given By:

Name _____ Phone _____

Address _____ Email _____

City, State, Zip _____

Enclosed is my gift of: \$1,000 \$500 \$250 \$100
 \$75 \$50 \$25 Other _____

I would like to designate my gift to:

Please use my gift wherever it is most needed

Hart House

Home Free

Mission Lodge

Mission Detox Center

Mission Nursing Home

Smith Lodge

I have enclosed a matching gift form from my employer

Please contact me about Planned Gift opportunities

Thank you for your gift!

Yes! I would like to become a sustaining donor to Missions, Inc. Programs.

I would like to make a monthly donation to Missions, Inc. through an automatic payment plan:

Amount of monthly gift \$ _____

Checking Account # _____

Please attach voided check

Savings Account # _____

Please attach deposit ticket

Financial Institution _____ Bank Routing # _____

I hereby authorize Missions, Inc. Programs to arrange automatic payments to or from the designated account on or about the 20th day of each month beginning _____. I understand I may cancel at any time by contacting the Development Manager at 763-559-1883.

Signature: _____ Date _____

Missions, Inc. Programs is a 501(c)(3) charitable organization; your donation is tax-deductable.