

RiteCare® of Minneapolis-St. Paul

I / We wish to support **RiteCare® of Minneapolis-St. Paul** with a tax deductible gift / pledge of \$_____ to be paid

- Annually Monthly
 One-time Donation Other _____

Please make checks payable and mail to:

RiteCare® of Minneapolis-St. Paul
2011 Dupont Avenue South
Minneapolis, MN 55405

Checking Withdrawal Authorization*

- Checking (attach voided check)

Credit Card Authorization*

- Visa American Express
 Mastercard Discover

Name on card: _____

Card #: _____

Exp Date: ____/____

Signature: _____

*This authorization will remain in effect until 30 days written notice is given.

Name: _____

Company: _____

Billing Address: _____

Phone: _____

Email: _____

How would you like to appear in our donor list?

I would prefer to remain anonymous

Please contact me regarding

- Gift from IRA Will / Bequest
 Charitable Gift Annuity
 Employer Matching Gift Program