



DONATION FORM

Give families safety, hope, and a future to look forward to!

1. DONOR INFORMATION *(Please print)*

FIRST NAME

LAST NAME

STREET ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL *(We do not sell or share your information)*

2. I WANT TO MAKE A GIFT OF:

- One-time donation of: \$1,000 \$500 \$100 Other \$_____
- Monthly donation of \$_____ per month
- In honor/memory *(circle one)* of _____ *(name of person being honored)*

3. PAYMENT INFORMATION

- Check to: Women's Shelter and Support Center, PO Box 457, Rochester, MN 55903
- Please charge my contribution to Credit Card:

Card number

_____/_____
Exp Date

3 Digit security code

Signature

Date

4. Other

- I wish for my gift to remain anonymous.
- Please contact me to discuss planned giving.

Additional comments:

5. Mail this form to: Women's Shelter and Support Center, PO BOX 457, Rochester, MN 55903

For questions, contact Barb Schramm at 507-292-6743 or barbaras@womens-shelter.org

Women's Shelter Inc. is a 501(c)3 nonprofit organization. Our EIN # is 41-1316614. Contributions to the Women's Shelter and Support Center may be tax-deductible to the fullest extent permitted by law. Please check with your personal tax advisor regarding the deductibility of your gift.