



# DONATION FORM

Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
PLEASE PRINT CLEARLY

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

## GIFT INFORMATION

Payment Method:  Cash  Check \*Amount \$ \_\_\_\_\_

Please make check payable to: Union Gospel Mission Twin Cities, P.O. Box 64389, St. Paul, MN 55164

I'd like to make my gift by credit card:  Visa  MasterCard  Discover  AmEx

\_\_\_\_\_  
Credit Card Number                      Expiration Date                      Cardholder's Signature                      CCV

\_\_\_\_\_  
Cardholder's Name (PLEASE PRINT)                      Cardholder's Phone Number (REQUIRED)

**Please use my gift to help hungry and homeless men, women and children in the following ways:**

- Food, Shelter & Program Support
- Adult Education, Training & Job Skills
- Addiction Recovery
- Women & Children
- Mental Health Services

Comments \_\_\_\_\_

\* You will be mailed a receipt.

**Yes**, I would love a tour of the Mission. Please call \_\_\_\_\_ or email \_\_\_\_\_

**Yes**, I am interested in giving monthly. Please send me information.

**Yes**, I am interested in contributing to the UGMTC Endowment Fund. Please contact me.

**Yes**, I want information on how to include UGMTC in my will or other estate plans. Please contact me.

**If you have questions, please call our Donor Services Department at 651-789-7558.**

**RECEIVED BY:** UGMTC Staff Name \_\_\_\_\_ Date \_\_\_\_\_



CLIFTONLARSONALLEN LLP

You can trust that your donations are handled with care | Recognized & Trusted | We're committed to accountability