UNION GOSPEL MISSION
TWIN CITIES

DONATION FORM

Name _____ Today's Date _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone Number _____

GIFT INFORMATION

Payment Method: ❑ **Cash** ❑ **Check**

*__Amount $__ _____

❑ **One-time** ❑ **Monthly**

Please make check payable to: Union Gospel Mission Twin Cities, 376 Western Ave N, Saint Paul, MN 55103

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

❑ **I want to donate through direct deposit with no processing fees.** Please contact me.

_____ _____ _____
Credit Card Number Expiration Date CVV

_____
Cardholder's Phone Number (REQUIRED)

_____ _____
Cardholder's Name (PLEASE PRINT) Cardholder's Signature

* You will be mailed a receipt.

Your gift will be used wherever is needed most to help men, women and children experiencing homelessness, hunger and addiction.

Comments _____

❑ **Yes,** I would love a tour of the Mission. 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** _____

ECFA ACCREDITED

Platinum Transparency 2026 Candid.

2025 AUDITED CLIFTONLARSONALLEN LLP

Charity Navigator FOUR-STAR

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