

■ YES! I/we are dedicated to enriching lives of many at our/my local Benedictine Community.

Payment Information	on					
I/we will make this a	gift as follows:					
\square One time gift in the amount of \$			\square Cash	□Che	eck Credit Card (authorize below)	
Card Type:	□Visa	\square MasterCard	□Dise	cover	☐American Express	
Card Number			CVV		Exp. Month/Year	
Name on Card			Signature			
Become a Benedi					indation to charge my credit/debit card: \Box Monthly \Box Quarterly \Box Annually	
/we wish to make a	a contribution to th	ne greatest need a	t the follo	wing cor	mmunity/foundation:	
☐ Benedictine Fou	undation 🔲 l	_aMoure		□ Wah	hpeton	
☐ Ada	1 🗆	Minneapolis	☐ Wausau		usau	
☐ Anoka		New Brighton	☐ Winona		nona	
☐ Belleville	1 🗆	Northfield				
☐ Bismarck		Osseo		Our Mi	inistry Partners:	
☐ Crookston		□ Owatonna □		☐ Cere	☐ Cerenity – Humboldt Foundation	
☐ Dickinson		Red Wing		☐ Cerenity – Marian of Saint Paul Foundation		
☐ Duluth		Rochester/Byron		Cerenity – White Bear Lake Foundation		
☐ Ellendale		☐ St. Joseph		☐ Nazareth Living Center Foundation		
☐ Garrison		St. Peter	☐ Villa St. Benedict Foundation			
☐ La Crosse		Shakopee				
As	always, all funds rai	sed locally will conti	nue to be s _i	ent loca	ally by the community.	
would like to dedi	cate my gift (optic	onal):				
My gift is:	\square In memory	of 🗆 In honor	of			
Please send an ackr	nowledgement of	my tribute on my	behalf to:			
NameDOB					DOB	
Address						
My Contact Informa						
City			Sta	ite	Postal Code	
Phone			Mobile			
Email						