



Donation Form

Gift information:

Date: _____

Gift Amount: \$ _____ Check Enclosed Cash Credit Card

Donate to: Humboldt Marian of Saint Paul White Bear Lake

Gift given by:

Name: _____

Primary phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

****checks and/or money orders should be made payable to each site****

Credit card information (we accept Visa, Master Card and American Express):

Name on Card: _____

Card Type: _____ Card Number: _____

Expiration Date: _____

Signature: _____

Information regarding your gift (designate Residence, Care Center, program or fund):

Gift given in: honor of memory of

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

If gift is in memory of someone, would you like us to notify family member? If yes, please complete:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Mail completed form (and check if you choose to include that) to:

Denise Hannah
Cerenity Senior Care – Humboldt
512 Humboldt Ave.
St. Paul, MN 55107

Carrie Eldridge
Cerenity Senior Care – Marian of Saint Paul
200 Earl St.
St. Paul, MN 55106

Peg Black
Cerenity Senior Care – White Bear Lake
1891 Florence St.
White Bear Lake, MN 55110