

PROJECT TURNABOUT DONATION/PLEDGE FORM



Donor Information:

Name(s): _____
Address: _____
City/State/Zip: _____
Phone Number (w): _____
Phone Number (c): _____
Email Address: _____

Type of Donation: Cash Online Donation Credit Card Pledge

Online/Credit Card Donation Information:

Card Type: Master Card Visa American Express Discover
Account Number: _____
Expiration Date: _____ Security Code: _____
Name(s): _____
Business Name: _____
Address: _____
City/State/Zip: _____

Designation Of Donation(s):

100% of your gift will go directly to patient aid.

- "Caring and Sharing" Fund
 "Another Chance for Life" Fund "Native American" Fund
 "Building & Facilities" Fund "Unrestricted" Fund

Planned Giving Options:

- Please contact me about a major gift or a planned gift.
 I have included Project Turnabout in my estate planning.
- Large Cash Donations Life Insurance Bequests
 Real Estate Property Gifts of Securities Retirement Plan Assets
 Charitable Gift Annuity Charitable Remainder Trusts

Other Donor Leads:

Please provide us with other potential donors that would be interested in supporting our mission:
Name: _____
Contact Information: _____

You could double your donation! Please check with your employer's human resources department for matching gift opportunities and return their form with your donation.

Please send your gift or pledge, along with this form, to the following address:

Project Turnabout • Attn: Mark Sannerud, Director, Development • PO Box 116 • Granite Falls, MN 56241