

COMO FRIENDS - DONATION FORM

Enclosed is my gift of:

___ \$25 ___ \$50 ___ \$75 ___ \$100 ___ other amount

Name: _____

Address: _____

City _____ State _____ Zip _____

Day Phone _____ Eve Phone _____

Email _____

Payment Method:

___ Check enclosed payable to *Como Friends*

___ Please charge my: ___ VISA ___ MasterCard ___ American Express ___ Discover

Card Number: _____

Expiration Date: _____

Name on Credit Card (please print): _____

Signature _____

Gift Type:

This gift is in memory of: _____

Please list the name and address of the family so that we may notify them of your memorial gift:

This gift is in honor of: _____

Please list the name & address of the person/couple/family so that we may notify them of your gift:

Print this form and mail completed form with payment to:



Como Friends
1225 Estabrook Drive
Saint Paul, MN 55103

ComoMembership@comofriends.org Phone: 651-487-8229 Fax: 651-487-8245

Gifts to Como Friends are tax deductible to the full extent allowed by law. Ask your employer about matching contribution programs to double your gift. Individuals making gifts larger than \$100 will be recognized in our annual report.

THANK YOU FOR YOUR GIFT!