

MVMF Donation Form

To send the MVMF a donation, please print this form and mail it along with your donation, to the address below.

I wish to give a gift of:

_____ \$25 _____ \$50 _____ \$100

_____ \$250 _____ \$500 _____ other

YOUR CONTACT INFORMATION:

Name _____

Clinic/Hospital _____

Address _____

City, State, Zip _____

Phone _____ E-mail _____

Person Memorial name _____

or Pet Memorial name _____

MEMORIAL ACKNOWLEDGEMENT TO:

Name _____

Address _____

City, State, Zip _____

Your donation is a tax deductible gift.

Make checks payable to:

MVM Foundation
101 Bridgepoint Way, Suite 100
South St. Paul, MN 55075

I would like information on how I might remember the MVM Foundation in my will.