

Please complete this form and send it with your payment to:

Guardian Angels Senior Services

508 Freeport Avenue NW

Elk River, MN 55330



This gift is from:

Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Email address is required if you are using a credit card number. Your personal information is never shared or sold.

This gift is in: Memory of Honor of Special Occasion _____

Name of Honoree(s) _____

Please send acknowledgement of this gift to:

Name(s) _____

Address _____ City _____ State _____ Zip _____

Please send me _____ Memorial & Honor Packets for future use.

Enclosed is my/our gift of: \$1000* \$500* **Denotes Family of Angels membership*
 \$250 \$100 \$50 Other _____

This is a **One-time Donation** **Monthly Donation****

My check, payable to *Guardian Angels*, is enclosed.

Please charge my Visa/MasterCard/Discover Exp. Date _____ Security Code _____

Card # _____ Name on Card _____

****I understand the monthly donation will be ongoing support and can be terminated by my contacting Guardian Angels.**

Please direct my gift to: Greatest Need Chaplaincy Program General Endowment

Other, please specify _____

Guardian Angels is a faith-based nonprofit 501c3 organization. Contributions are tax-deductible to the full extent of the law.