



Your donation is leveraged to foster the healthy development and well-being of individuals and families, and is tax deductible.

Please mail this form to: New Foundations Inc. / 1145 Westminster / St. Paul, MN 55130

STEP 1: Personal Information

First Name _____ MI _____ Last Name _____

Street _____ City _____ State _____

Country _____ Zip _____

Daytime Phone () _____ Evening Phone () _____

Email Address _____

STEP 2: Specify Your Donation

Frequency: One Time Monthly

Amount: _____

STEP 3: Payment Information

I've included a check

Please Charge my Credit Card

Card Type: _____ Card Number: _____

Expiration Date: _____

Name On Card _____