



Please mail completed form and enclosures to:
Dakota Woodlands
3430 Wescott Woodlands
Eagan, MN 55123
651-456-9110

Donation Form

Name: _____

Address: _____ City/State/Zip Code: _____

Preferred Phone: _____

Email: _____

Total Amount Enclosed:

\$25 \$50 \$100 \$250 \$1,000 Other _____

Make checks payable to Dakota Woodlands. Contributions are fully tax deductible as permitted by law.

Charge my gift to my:

Visa Mastercard American Express Discover

Account #: _____ Exp. Date: _____

3 digits CSV (back of card): _____ Name on Card: _____

Signature _____

I would like to give automatic month donations, please deduct each month, from my:

Credit Card Checking Account Savings Account
(see above) (Please attach a voided check) (Please attach a deposit slip)

Start Date (will withdraw on this date every month): _____ Amount Per Month \$ _____ (\$10 Min)

I authorize Dakota Woodlands to process debit entries to my account or credit card. This authority will remain in effect until I give reasonable notification to terminate this authorization. I understand that I will be enrolled immediately.

Authorized Signature: _____ Date: _____

My gift is in honor/memory of a person:

Honoree's Name: _____

Special Occasion: _____

Please send a recognition card to

Name: _____

Address _____