



## Donation Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Phone(H): \_\_\_\_\_ Phone(C): \_\_\_\_\_

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: \_\_\_\_\_

*(Birthday, Anniversary etc)*

Please send a recognition card to

Name: \_\_\_\_\_

Address \_\_\_\_\_

Other Notes about my donation \_\_\_\_\_

Please mail completed form and  
enclosures to:

Dakota Woodlands  
3430 Wescott Woodlands  
Eagan, MN 55123  
651-456-9110