



Full lives for people with disabilities

Yes, I would like to help people with disabilities lead full and rewarding lives!

Please print clearly.

Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

E-mail _____

How would you like your donation to be recognized? _____

Examples: Mr. & Mrs. John Doe, John & Jane Doe, The Doe Family

Check here if you would like your gift to remain anonymous.

I am making a gift of

\$1,000 \$500 \$250 \$100 Other _____

I would like my donation to go towards:

Expanding the Promise, Campus & Services Expansion Plans General Fund

Enclosed is my check made payable to Vinland National Center

Please charge my Visa

Card number _____ Exp. _____

Signature _____

This gift is:

In honor of _____

In memory of _____

Mail completed form to:

Vinland National Center
Development Office
P.O. Box 308
Loretto, MN 55357

Thank you for your support!

Your donation is tax-exempt to the full extent of the law.

3675 Ihduhapi Road, PO Box 308, Loretto, MN 55357

Phone 763.479.3555 Fax 763.479.2605 www.vinlandcenter.org