



Listening House of St. Paul, Inc. Donation Form

Donor Name _____

Address _____

City, State, Zip _____

E-mail _____ Phone _____

Company/Organization (if applicable) _____

This is a one-time gift

This gift is in honor of _____

This gift is in memory of _____

I would like to contribute \$ _____ each month, for _____ months.

Select payment option:

Cash/Check (payable to Listening House)

Credit Card, please complete the following: Visa MasterCard American Express

Card number _____ Security code _____

Exp. Date _____ Signature _____

Please debit my credit card in the amount of \$ _____ One-time Monthly Quarterly Semi-annually

For gifts in honor or memory, please notify this person/family of my gift (honoree's name and address):

Other notes:

My employer will match this gift; employer name _____

I wish to remain anonymous

Please mail to: Listening House of St. Paul, 464 Maria, St. Paul, MN 55106; or fax to: (651) 227-5583

Questions? Please contact Sara Fleetham at 651-227-5911 or sara@listeninghouse.org

All contributions are fully tax deductible.

I am interested in additional giving options

I would like to volunteer at the Listening House

THANK YOU FOR YOUR CONTRIBUTION!