

## GIVING FORM

☐ I will pledge: \$5,000 \$2,500 \$1,000 \$	S over years.
and will make payments of \$ pe	er month/quarter/semi-annual/year (circle one)
☐ I will make a one-time donation of: \$2,500	\$1,000 \$500 \$250 \$
Please use this donation for:	
☐ Annual Fund (Area of Greatest Impact)	
$\hfill \square$ Student Scholarships - Select a Program and/or $G$	Campus (Optional):
☐ Student Emergency Fund	
Matching Gifts	
	can double or triple your gift to the Minnesota West Foundation. er to see if the company has a matching gift program and request
Planned Gifts	
☐ I have already included the Minnesota West Fou	indation in my will or other planned gift.
☐ I would like more information about planned gif	t opportunities
Other Gifting Options	
☐ I would like more information about gifts of stoo	ck, land, grain, equipment, or other non-cash donation options.
Please make checks payable to the Minnesota West Foundation and mail to:  Minnesota West Foundation Canby Campus 1011 First Street West Canby, MN 56220	Name:
	Address:
	City, State, Zip:
	Phone:
☐ Please check if you want your gift to remain anonymous	E-mail address:
	Alumnus? Graduation Year:
	Campus/Program:
Signature	Date