



Together, we prepare people for work.

YES! I would like to assist people with barriers to work and independence in achieving their goals.

Name _____

Address _____

City _____

State _____ ZIP Code _____

I would like to receive regular updates via email.
(By providing your email address you are opting in to receive email newsletters.)

My email address is _____

I would like to make a gift of:

\$1,000 \$500 \$250 \$100 \$50 \$25 Other _____

Payment options

One-time gift

My personal check is enclosed. Please charge this gift to (check one): Visa MasterCard

Card number _____ Expiration date _____ / _____

CVV* _____ Signature _____

Recurring gift

I would like to make this gift (check one): Monthly Quarterly

I would like to give through my: checking account (include voided check) credit card (fill in above)

Gift designation

I would like to designate my gift to:

The greatest need **or** _____ program

Tribute

This gift is: in memory of **or** in honor of _____

Person(s) to be notified of gift:

Name _____

Address _____

City _____

State _____ ZIP Code _____

Mail form to: Goodwill-Easter Seals Minnesota, NW 5798, PO Box 1450, Minneapolis, MN 55485-5798

* CVV refers to card verification code, which is three digits to the right of the signature block on the back of your Visa, Discover or MasterCard, or four digits printed on the front of your American Express card.