

I (we) support PrairieCare Fund's mental health initiatives!
Enclosed is a tax-deductible contribution payable to PrairieCare Fund

- \$10,000 \$5,000 \$2,500 \$1,000 \$500
 \$250 \$100 \$50 Other _____
- A check is included
- Please charge the amount indicated to my: VISA | MC | AMEX | DISCOVER (circle one)
Account #: _____ 3-digit code (back of card) _____
- Name on card: _____ Exp. date: _____
- Billing address: _____
- City/State/Zip: _____
- Phone (h/w/c): _____
- Email: _____

Please use my gift:

- Where it is needed most.
- In memory/honor/celebration of: _____

Please send acknowledgement for gift in memory, honor, or celebration of to:

Name: _____

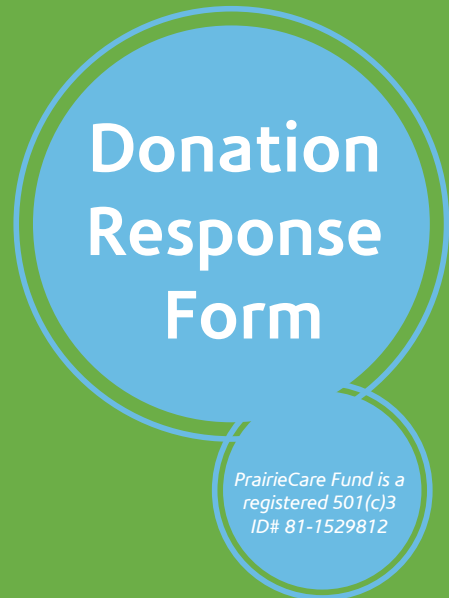
Address: _____

City/State/Zip: _____

- Please correct my name/address/e-mail as noted above.



*Payments can also be made by automatic withdrawal from checking or savings.
Payments can be made monthly, quarterly or semi-annually.
All contributions are tax deductible to the extent provided by law.*



Please mail completed form to:

PrairieCare Fund
5500 94th Ave N
Brooklyn Park, MN 55443

We thank you for making an impact!