

MAIL-IN DONATION FORM

Thank you for your support!

Please check one and fill in name:			
☐ This gift is in memory of:			
☐ This gift is in honor of:			
Address	:		
City:		State:	Zip:
Please p	provide your information he	ere:	
Donor N	lame:		
Address	:		
City:		State:	Zip:
Phone:		Fax:	
Email:_			
Donatio	n method:		
□ Cash	/Check enclosed*	Amount of Gift:	
□ Cred	it Card		
Card	Number:		Exp:
Sign	ature:		CVC:

*Please make checks payable to Crescent Cove.

All gifts can be mailed to: Crescent Cove

3440 Beltline Blvd, Suite 207 St. Louis Park, MN 55416 www.CrescentCove.org

Crescent Cove is a Minnesota Non-Profit Organization recognized by the IRS as a 501(c)(3) public charity. 100% of all donations will be used for the development of the infrastructure, programs and services of Crescent Cove. All donations are tax deductible to the extent permitted by law.