



Spare Key
1550 American Blvd. E. Suite L-2, Bloomington, MN 55425
Phone: 952 – 406-8872 Fax: 952 – 406-8874

(PLEASE PRINT, COMPLETE AND MAIL THIS FORM AS NOTED ABOVE)

DONATION FORM

I (We) want to help Spare Key assist Minnesota families with critically ill or seriously injured children. Enclosed is my/our tax deductible gift as indicated below:

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ E-MAIL: _____
DONATION AMOUNT: _____

If paying by Credit Card

American Express Diners Club Discover Master Card Visa

Card No.: _____ Expiration (MM/YYYY): _____ CVV: _____
(last 3 digits/ back of card)

Every Month? (Recurring): Yes No How Many Months? _____ (Number of Times)

NAME (as it appears on your card): _____

If paying by Check – Just attach your check and mail

OR If paying by Check – and if you want to have your checking account regularly debited for Spare Key donations, please complete the following information:

Bank Name: _____

Bank Account Routing Number: _____

Bank Account Number: _____

Every Month? (Recurring): Yes No How Many Months? _____ (Number of Times)

THIS DONATION IS **IN HONOR OF** **IN MEMORY OF**

In Honor of (name): _____

OR

In Memory of (name): _____

(NOTE: We will mail a personalized letter to the honoree or family of the memorialized individual named above. If you want us to acknowledge your gift, please complete below.)

Name of person to mail card to: _____

Relationship to the donor (you): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

I would like to receive future mailings By Mail **OR** By E-Mail

Please do not add me to Spare Key's mailing list.