

*I/we want to help Spare Key help families with critically ill or seriously injured children. Enclosed is my/our tax-deductible gift as indicated below:*

**Please print, fill out, and mail this form to:**

Spare Key

1380 Energy Lane Suite 203

St. Paul MN 55108

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

I want to donate:

\$1,000, \$500, \$250, \$100, \$50, \$25, Other \_\_\_\_\_ (circle one)

**Please charge this gift to my:**

Card Type:          Visa          American Express          Master Card

Card Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ / \_\_\_\_\_

This gift is

In honor of: \_\_\_\_\_

In memory of: \_\_\_\_\_

We mail a personalized letter to the honoree or the next of kin to inform them that a gift has been made in the honor or memory of the individual named above. If you would like us to do this for your gift, please complete: \*required fields

Name of person to mail card to: \*

\_\_\_\_\_

Relationship to donor: \*

\_\_\_\_\_

Mailing address: \*

\_\_\_\_\_

City: \* \_\_\_\_\_ State: \* \_\_\_\_\_ Zip: \* \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_