



Date _____ 20____

Yes! I want to help Impact Services enable our neighbors to live independently.

with my gift of: \$ _____

I prefer that my donation be used to help:

- Where the need is greatest*
- Meals on Wheels**
- Answer to Aging**
- ACT on Alzheimer's Initiative**
- I have included my employer's gift match form.

CREDIT CARD: Visa Mastercard Discover

- I would like to make a *one-time* gift of \$ _____
- I would like to make a *monthly* gift of \$ _____

I would like to make the monthly commitment as follows:

TFN (Till Further Notice) commitment This is *ongoing support*, and will remain in effect until I authorize Impact Services to discontinue it.

This is a *monthly commitment* that will be effective

through Date: _____ 20_____.

Please make your check payable to:
Impact Services

You may mail or fax to:

Impact Services
3960 Coon Rapids Blvd
Suite 206
Coon Rapids, MN 55433

Fax 763-236-8308

Card # _____

Expiration Date _____ Required CSC# _____
(3 digit security code on back of card)

Name on Card _____

Signature _____ Date _____

Address _____

City _____ State _____ Zip _____

**Your gift is tax-deductible as
allowed by law.**

Your gift makes an impact!

**Impact Services • 3960 Coon Rapids Blvd, Suite 206 • Coon Rapids • MN 55433 • 763-236-8718
www.impactservicesmn.org**