



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**
- Voices of Impact**
- 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

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

*Your gift makes an impact!*

Card # \_\_\_\_\_

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

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_      Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_      State \_\_\_\_\_      Zip \_\_\_\_\_