



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
 7590 Lyric Lane Suite 218
 Fridley, MN 55432
 Fax 763-236-8308

Card # _____

Required CSC# _____

Expiration Date _____

(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 • 7590 Lyric Lane Suite 218• Fridley • MN 55432 • 763-236-8718
www.impactservicesmn.org