

BENCHS MAIL-IN DONATION FORM

Name (First and Last Name):

NAME: _____ ADDRESS: _____
City: _____ State: _____ Zip Code: _____ Phone: _____

I would like BENCHS newsletter, alerts & receipts emailed when available.

Email: _____

PAYMENT OPTIONS

One Time Gift Amount: \$ _____

I'm enclosing my check made payable to BENCHS

Please charge my credit/debit card:

Visa MasterCard American Express Discover

Cardholder's Name: _____

Card Number: _____

Exp.Date MM/YY: _____

OR BECOME A BENCHS SUSTAINER CHAMPION !

Your monthly gift can make a meaningful difference.

YES! Please bill my credit/debit card in the amount of \$ _____ per month.

YES! I would like to make a monthly gift in the amount of \$ _____ using my checking account. I've attached a voided check from the account I would like to use.

Your monthly donation will be made each month from the payment option you selected. You may cancel or change this amount at any time by calling (507) 625-6373



Mail to:
BENCHS
1250 N. River Dr
Mankato, MN 56001



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