

Please complete this form and send it with your payment to:

**Guardian Angels Senior Services**  
508 Freeport Avenue NW, Suite A  
Elk River, MN 55330



**This gift is from:**

Name \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

*Email address is required if you are using a credit card number. Your personal information is never shared or sold.*

This gift is in: ☐ Memory of ☐ Honor of

Name of Honoree(s) \_\_\_\_\_

Please send acknowledgement of this gift to:

Name(s) \_\_\_\_\_

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

Please send me \_\_\_\_\_ Memorial & Honor Slips for future use.

Enclosed is my/our gift of: ☐ \$1000\* ☐ \$500\* *\*Denotes Family of Angels membership*  
☐ \$250 ☐ \$100 ☐ \$50 ☐ Other \_\_\_\_\_

This is a ☐ **One-time Donation** ☐ **Monthly Donation\*\***

☐ My check, payable to *Guardian Angels*, is enclosed.

☐ Please charge my Visa/MasterCard/Discover Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

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

\*\*I understand the monthly donation will be ongoing support and can be terminated by my contacting Guardian Angels.

Please direct my gift to: ☐ Greatest Need ☐ Chaplaincy Program ☐ General Endowment

☐ Benevolence Fund ☐ Other, please specify \_\_\_\_\_

*Guardian Angels is a faith-based nonprofit 501c3 organization. Contributions are tax-deductible to the full extent of the law.*