



## DONOR PROFILE INFORMATION

NAME		EMAIL	
ADDRESS			
CITY	STATE	ZIP CODE	
TELEPHONE (DAY)		(EVENING)	

## DONATION DETAILS

### Immediate Giving

Yes, I/we want to support PioneerCare's mission through my enclosed gift of \$\_\_\_\_\_.

#### Please designate my gift to support:

- Where the need is greatest
- Capital Improvements
- Chaplaincy Program
- Employee Scholarships/Career Development
- Resident Programming
- Other \_\_\_\_\_

For details about PioneerCare Foundation, please call **218.998.1501** or view online at **[www.pioneercare.org](http://www.pioneercare.org)**.

#### My gift is:

- In memory of \_\_\_\_\_
- In honor of \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Legacy Giving

- I/we have included PioneerCare Foundation in our will, trust, or beneficiary designation. I/we are interested in including PioneerCare Foundation in our will, trust, or beneficiary designation.
- Please send me/us information about including PioneerCare Foundation in our legacy giving plans.

**Thank You.**