

Please mail or fax this form to:

**651-291-7584
Minnesota Safety Council
474 Concordia Avenue
St. Paul, Minnesota 55103**

Count me as a partner in providing financial support to the lifesaving work of the Minnesota Safety Council. I want to be a part of making Minnesota a safer place to live!

_____ My gift of \$ _____ is enclosed.

_____ I wish to contribute \$ _____ to the Minnesota Safety Council. Please charge that amount to my

_____ American Express _____ Visa _____ Mastercard

Card # _____ Expiration Date _____

_____ Please accept this as my pledge of \$ _____. I will make payment by _____ (date).

_____ I will make my contribution in the form of stocks/mutual funds. The certificates will be forwarded to you by _____ (date).

_____ My organization has a matching gifts program. I've included the forms to request a match to my contribution.

Name _____

Organization (if a company contribution)

Address _____

City, State, Zip Code _____

Telephone Number _____ Fax Number

e-mail address _____

**The Minnesota Safety Council is a 501(c)(3) organization.
Contributions to the Minnesota Safety Council are tax deductible as a charitable contribution.**