

*A chance to **DOUBLE** your donation to* **De Sour Valley Economic Development Corp.** **!**



**INSPIRITUS Community Health Foundation**  
PRESENTS



**TWICE BLESSED**  
Gifts matched to double the blessing.

From November 15 through December 31, INSPIRITUS Community Health Foundation is doubling your financial gifts with the TWICE BLESSED campaign.

Eligible gifts designated to **De Sour Valley Economic Development Corp**, up to **\$10,000**, will be matched by the Foundation.

**HOW YOU CAN PARTICIPATE:** (Turn over for Donation Card)

1. Make check or credit card donation to **INSPIRITUS Community Health Foundation (ICHF).**
2. Date the donation any day between **November 15 and December 31.**
3. You can choose to donate to a specific cause by writing the name of the cause on the donation card or writing it in the memo line of your check.

# TWICE BLESSED DONATION FORM

Please complete the information below to ensure proper preparation.  
(Please print clearly.)

Donor Name: \_\_\_\_\_

Corporate Donor Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email (required): \_\_\_\_\_

Telephone Number (required): \_\_\_\_\_ ☐ Home ☐ Mobile

## THANK YOU FOR YOUR DONATION

Please mail to:



**INSPIRITUS Community Health Foundation**  
308 2nd Ave SW, Minot, ND 58701  
sjchf@minot.com

## CHECK OR MONEY ORDER

Please make payable to INSPIRITUS Community Health Foundation and enclose with form.

## CREDIT CARD Visa / Mastercard / American Express / Discover (please circle)

CARD NUMBER

EXPIRATION DATE  /  CVV

Cardholder's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Amount of Donation: \$ \_\_\_\_\_ Date: \_\_\_\_\_

☒ I want to make an additional donation to cover online processing fees, so that my entire contribution goes the organization. (Note: these additional fees are set by your credit card company.)

☐ I want to opt-out of an additional donation to cover the credit card processing fee.

If you would like to donate by phone via credit card, please call **(701) 837-1726**.

## ORGANIZATION

To donate to a specific organization and/or note an honorarium or a tribute, please write those on the memo line of your check. For credit card donations, please indicate those below.

Name of Organization: **De Sour Valley Economic Development Corp**

Tribute: \_\_\_\_\_