A chance to DOUBLE your donation to Dakota Hope Clinic !

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 Dakota Hope Clinic, 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: **Dakota Hope Clinic**

Tribute: _____