



Amount of Gift _____

In HONOR of _____

Or

In MEMORY of _____

Donor Name _____
(as you would like to be acknowledged and listed in SAF publications)

Address _____

City/State/Zip _____

Home Phone _____

Email Address _____

Episcopal Congregation (if affiliated) _____

Payment Information:

- My check is enclosed. Please make checks payable to The Sheltering Arms Foundation.
- Electronic Funds Transfer. I wish to donate via an EFT. Please contact me.
- Stock. I wish to make a gift of stock. Please contact me.

Mail an acknowledgement of this gift to:

Name _____

Address _____

City/State/Zip _____

Please mail this completed form to:

The Sheltering Arms Foundation
122 W Franklin Ave, Suite 303
Minneapolis, MN 55404