



Yes! I want to support The Sheltering Arms Foundation's efforts to strengthen programs and policies that make a positive difference in the lives of children and their families.

Please complete the following information:

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

I would like to remain anonymous

Address _____

City/State/Zip _____

Home Phone _____

Email Address _____

Episcopal Congregation (if affiliated) _____

Please tell us how you would like to support The Sheltering Arms Foundation:

\$1,000 \$500 \$250 \$100 \$50 Other

Payment Information:

- My check is enclosed. Please make checks payable to The Sheltering Arms Foundation.
- Stock. I wish to make a gift of stock. Please contact me.
- Legacy. I wish to include SAF in my will or discuss other planned gift giving. Please contact me.
- Matching Gifts. My employer has a matching gifts program. The employer gift form is enclosed. Name of Employer: _____.

Please mail this completed form to:

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