

GIFT FORM

Please print and fill in this form with your credit card donation or mail it with a check or money order to:

**OPERATION DE NOVO, INC.
800 WASHINGTON AVENUE NORTH
SUITE 610
MINNEAPOLIS, MN 55401**

Title First Name Last Name

Address, Line 1 or Company

Address, Line 2 (if needed)

City State Zip/Postal Code

County Preferred Phone

E-mail Address

- Please do not add me to your email list (except for an email acknowledgement).
- Please do not add me to your regular mailing list.
- Please send me more information on how I can help Operation de Novo, Inc.

Frequency of gift

One-time Monthly

If monthly:

Please charge my credit card for the amount specified each month and to begin to occur on the 5th or 20th of each month. My enrollment will remain in effect until I notify Operation de Novo, Inc. that I wish to end this agreement, which I may do at any time. I will also notify Operation de Novo, Inc. of any change in my credit card account information.

Donation and Credit Card Information:

Donation: \$ _____

MasterCard Visa American Express Discover Debit Card

Credit Card Number

Month

Year

Name (as it appears on the card)