

# Knute Nelson Pledge Form

420 12<sup>th</sup> Avenue East · Alexandria, MN 56308 · 320-763-6653 · www.knutenelson.org

## Donor Information

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Personal Gift/Pledge Amount.....\$ \_\_\_\_\_

Organization Gift/Pledge Amount.....\$ \_\_\_\_\_

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Payment Options

Direct contribution \$ \_\_\_\_\_ (attach your cash or check payable to Knute Nelson Foundation)

Charge my credit card:       Mastercard     Visa

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Please send me a pledge notice at home.

Please invest my gift in:       Greatest Current Need  
                                          Assisted Living  
                                          Spiritual Care  
                                          Care Center  
                                          Wellness Programming

My/Our gift is a tribute gift made

In honor of \_\_\_\_\_ In memory of \_\_\_\_\_

Notification Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- I/We are Thrivent Financial for Lutherans members and would like to supplement my/our gift
- I/We would like to learn more about the benefits of an estate gift (will, annuity, charitable trust or other valued property).
- I/We wish to remain anonymous. Do not include my/our name in any printed material.

**Thank you for your gift. Your gift is tax deductible. The Knute Nelson Foundation will acknowledge your gift.  
No goods or services will be exchanged for this gift.**