



# Contribution

If you would like to mail a gift instead of giving online, please complete this form, print and send with your payment to:  
**Mayo Clinic, Department of Development**  
**200 First Street SW**  
**Rochester, MN 55905**

### \* Required Information

|   |  |
|---|--|
| *Date   |  |
| *Contributor Name(s)  |  |
| *Address  |  |
| *City/State/ZIP Code  |  |
| *Phone  |  |
| Email   |  |
| *Enclosed is my gift of   | <input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> Other _____ |
| *Payment method   | <input type="checkbox"/> Check enclosed <input type="checkbox"/> Credit card   |
| Credit card type  | <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover  |
|   | Number: _____ Expiration date: _____   |
|   | Name as it appears on card: _____  |
|   | Cardholder Signature ► _____   |
| I intend for my credit card to be charged monthly: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>By checking yes, this authorization shall remain in effect until written notice is given to Mayo Clinic by the cardholder. |  |
| *Form Completed By _____  |  |

### \*Apply my donation to the following (choose one)

|   |  |                                   |
|---|--|-----------------------------------|
| <input type="checkbox"/> Where need is the greatest     | <input type="checkbox"/> Education             | <input type="checkbox"/> Research |
| <input type="checkbox"/> Financial Assistance, programs | <input type="checkbox"/> Other (specify) _____ |                                   |

### Memorial and tributes (optional)

|                                 |
|---------------------------------|
| This gift is made in memory of: |
| and/or                          |
| This gift is made in honor of:  |

### A notification of your memorial or tribute gift will be sent promptly to the person listed below.

|                     |  |
|---------------------|--|
| Name                |  |
| Address             |  |
| City/State/ZIP Code |  |

|   |
|---|
| We welcome comments about your gift and your inspiration to give. |
|---|

**Mayo Clinic is a nonprofit 501 (c)(3) charitable organization, and contributions are tax-deductible to the extent allowed by law. Contributions support Mayo Clinic programs in patient care, medical education and research, which improve the quality of medical care that benefits people everywhere. For more information, please contact the Department of Development at 507-284-8540.**