Please complete, print and mail. Reset Form

MAYO CLINIC

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	
*Name of contributor(s)	
*Address	
*City/State/ZIP	
*Phone	
Email	
*Enclosed is my gift of:	☐ $10 ☐ $25 ☐ $50 ☐ $100 ☐ $250 ☐ $500 ☐ $1,000 ☐ Other _____
*Method of payment:	☐ Check enclosed ☐ Credit card
Credit card type:	☐ Visa ☐ MasterCard ☐ American Express ☐ Discover
	Number: Expiration date:
	Name as it appears on card:
	Cardholder signature: Signature Required

I intend for my credit card to be charged monthly: ☐ Yes ☐ No
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)**		
☐ Where need is the greatest	☐ Education	☐ Research
☐ Financial Assistance, programs	☒ Other (specify) Swanson Mathematical NeuroOncology Lab	

Memorial and tributes (optional)	
This gift is made in memory of:	
and/or	
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A notification of your memorial or tribute gift will be sent promptly to the person listed below.
The gift amount will not be indicated.

Name	
Address	
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We welcome comments about your gift and your inspiration to give.

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