

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	□ \$10 □ \$25 □ \$50 □ \$100 □ \$250 □ \$500 □ \$1,000 □ Other
*Payment method	☐ Check enclosed ☐ Credit card
Credit card type	☐ Visa ☐ MasterCard ☐ American Express ☐ Discover
	Number: Expiration date:
	Name as it appears on card:
	Cardholder Signature ►
	d to be charged monthly:
*Form Completed By	
*Apply my donation to th	ne following (choose one)
☐ Where need is the greatest ☐ Education ☐ Research	
☐ Financial Assistance, programs ☐ 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.