

**A Chance To Grow
Donation Form**

I support A Chance To Grow's programs for children and young adults with learning problems, developmental delays and brain injuries. Enclosed is my tax-deductible contribution, payable to A Chance To Grow:

\$1,000 \$500 \$250 \$100 \$50 \$25 Other: _____

Check Mastercard Visa Discover

Credit Card # _____ Expiration Date _____

Name _____

Phone (H) _____ (W) _____

Address _____

City, State, Zip _____

Double your gift! Many companies match gifts. Ask your employer for a matching gift form and enclose it with your contribution.

Please use my gift of _____:

Where it is needed most.

Program _____

In memory of _____

In honor of _____

Occasion: _____

Please send acknowledgment to:

Name _____

Address _____

City, State, Zip _____

Do NOT include my name on A Chance To Grow's list of donors.

Please send information about how I may include A Chance To Grow in my will.

A Chance To Grow • 1800 Second Street NE • Minneapolis, MN 55418 • 612-789-1236