



TWICE BLESSED DONATION FORM

Please complete the information below to ensure proper preparation.  
(Please print clearly.)

Donor Name: \_\_\_\_\_

Organization Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email (required): \_\_\_\_\_

Telephone Number (required): \_\_\_\_\_  Home  Mobile

**THANK YOU FOR YOUR DONATION**



**Please mail to:**  
*St. Joseph's Community Health Foundation*  
308 2nd Ave SW, Minot, ND 58701  
**Email:** sjchf@minot.com

**CHECK OR MONEY ORDER**

Please make payable to St. Joseph's Community Health Foundation and enclose with form.

**CREDIT CARD** Visa / Mastercard (please circle)

CARD NUMBER

EXPIRATION DATE / CVV

Cardholder's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Amount of Donation : \$ \_\_\_\_\_ Date: \_\_\_\_\_

If you would like to donate by phone via credit card, please call (701) 837-1726

**DOUBLE YOUR GIFT TO HAMC, NOV. 15 - DEC. 31, 2021**

Make sure your contribution is directed to HAMC by writing  
"Patient Safety is Vital" on your check memo line and include this  
form when you mail to St. Joseph's Community Health  
Foundation.

Name of cause: **Patient Safety is Vital**