

Mail-in Donation Form

Donor Inform	ation				
Name:					
Address:					
City:		State:	Zip:		
Phone:	E-Mai	l:			
Gift Informati Amount:	on				
Enclosed is my check		Please charge	my card		
American Express	Diners Club	Discover	Master Card	Visa	
Credit card number:	Expiration date: CVV:				
Name on credit card:					
Every month? (recurr	ring): Yes	No, how man	y months?		
Tribute Information In tribute of (name):	nation (if	applicab	le)		
OR					
In memory of (name)	:				
NOTE: We will mail a	n personalized l	etter to the ho	noree of family o	of the memorialized	individual named above
If you want us to ackr	nowledge your §	gift, please con	nplete below.		
Name of person to ma	ail card to:				
Relationship to the do	onor (you):				
Address:					
City:		State:	Zip:		
Spare Kev r	mailing a	ddress:	Spare Kev is a	nonprofit 501(c)(3)	organization.

Please send your check and this form to: Spare Key 480 Broadway St

St Paul, MN 55101

Your gift is tax-deductible in the United States.

Check with your employer to get your donation matched.