



After you have completed this form, please send it to:

Contact us with questions at:
(651) 793-2100

Cerenity Senior Care
Attn: Marcy Koren
200 Earl Street
St. Paul, MN 55106

CASH DONATION FORM

Gift Information

Gift Amount \$ Check Enclosed Cash Credit Card

Date

Please save the cost of acknowledging my gift by not sending a thank-you note or receipt.

Location you would like to donate to: South Saint Paul
 Dellwood Place
 Humbolt
 Marian of Saint Paul
 White Bear Lake

Gift Given By

Name* (Mr./Ms./Mrs.)

Position/Title (if applicable)

Company (if applicable)

Home phone Work phone

Address

City State ZIP

E-mail

*as you wish it to be published

Checks/money orders should be made payable to Cerenity Senior Care.
If you are donating with your credit card, please fill in the following information and sign below.
Do not send your credit card information by e-mail.

Credit Card Information

Card type** Card number

Expiration date 3-digit card security code (from back of card)

Signature

**We accept Visa, MasterCard

Gift given in honor memory of

Name (Mr./Ms./Mrs.)

Address

City State ZIP