# **Donation Form**

## DODGE COUNTY CONCERNED CITIZENS



Working to protect and preserve our surface and ground water; fighting to protect our environment; promoting good governance in rural Minnesota

#### Donor Information (please print or type)

Name	
Billing address	
City, State Zip Code	
Phone 1   Phone 2	
Fax   Email	

#### **Pledge Information**

I (we) donate a total of \$\_\_\_\_\_\_ to be paid:  $\Box$  now  $\Box$  monthly  $\Box$  quarterly  $\Box$  yearly.

I (we) plan to make this contribution in the form of:  $\Box$  cash  $\Box$  check  $\Box$  credit card  $\Box$  other.

Credit card type | Exp. date

Credit card number

Authorized signature

 $\Box$  form enclosed  $\Box$  form will be forwarded

### **Donation Information Option**

 $\Box$ I (we) wish to have our gift remain anonymous.

Signature(s)	Date
Please make checks or other gifts payable to	DODGE COUNTY CONCERNED CITIZENS
Dodge County Concerned Citizens and mail in	P O BOX 757
Donation Form to:	BLOOMING PRAIRIE MN 55917