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