



Tri-Valley

Opportunity Council, Inc.
Donor Information

Name: _____

Check here if you wish to remain ANONYMOUS

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

I/WE WOULD LIKE MY/OUR DONATION OF \$ _____ TO HELP WITH:

- | | |
|--|--|
| <input type="checkbox"/> Community Services | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Family Voice & Choice | <input type="checkbox"/> Tri-Valley General Fund |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Other: (please specify) _____ |
| <input type="checkbox"/> Senior Programs | |

PAYMENT METHOD:

Please make checks payable to the Tri-Valley Opportunity Council, Inc. Fund.

- Check
- Visa
- Mastercard

Credit Card Number: _____ Expiration Date: ____/____/____

Cardholder Name: _____

(if different than donor)

Signature: _____

MY GIFT IS (please print):

- In Memory of: _____
- In Honor of: _____

PLEASE SEND AN ACKNOWLEDGEMENT TO THE HONOREE OR OTHER RELATIVES LISTED:

Name: _____

Relationship: _____

(i.e., wife, son, friend, etc.)

Address: _____

City: _____ State: _____ Zip: _____

PLEASE SEND ME INFORMATION ABOUT:

- How to make a gift and receive income for life.
- How to include Tri-Valley Opportunity Council, Inc. in my will.

**THANK YOU FOR YOUR SUPPORT OF
TRI-VALLEY OPPORTUNITY COUNCIL, INC.
AND FOR VISITING OUR WEBSITE.**

Please print the form, fill in, and mail to the address below:
Tri-Valley Opportunity Council, Inc.
PO Box 607
102 N. Broadway
Crookston, MN 56716