



Amount of Gift _____

In HONOR of _____

Or

In MEMORY of _____

Donor Name _____
(as you would like to be acknowledged and listed in SAF publications)

Address _____

City/State/Zip _____

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Episcopal Congregation (if affiliated) _____

Payment Information:

- My check is enclosed. Please make checks payable to The Sheltering Arms Foundation.
- Electronic Funds Transfer. I wish to donate via an EFT. Please contact me.
- Stock. I wish to make a gift of stock. Please contact me.

Mail an acknowledgement of this gift to:

Name _____

Address _____

City/State/Zip _____

Please mail this completed form to:

The Sheltering Arms Foundation
1730 Clifton Place, Suite 100
Minneapolis, MN 55403