

CONTRIBUTION/PLEDGE FORM

Please clearly print all information.

CONTRIBUTOR INFORMATION (Your personal information is kept confidential.)

NAME

ADDRESS

CITY

STATE

ZIP

SIGNATURE

DATE

Home: _____ Work: _____ Cell: _____
PHONE NUMBERS

E-mail Address: _____

CONTRIBUTION TO PATTERSON FOUNDATION

_____ I would prefer that this contribution and/or name be kept confidential. Thanks!
(Your name will not be included in the Foundation's published listing of donors.)

I AM PLEASED TO MAKE A ONE-TIME DONATION IN THE AMOUNT OF \$ _____

I AM PLEASED TO MAKE A PLEDGE IN THE AMOUNT OF \$ _____ TO BE PAID
_____ monthly _____ quarterly _____ semiannually _____ annually
for _____ years beginning on (month/year) _____ or as follows: _____

TO CONTRIBUTE SECURITIES OR STOCKS: Please contact Jesse Bauer,
Patterson Foundation Controller at 651-686-1892 or jesse.bauer@pattersoncompanies.com

I'M MAKING MY GIFT: In honor of _____
In memory of _____

PLEASE FORWARD COMPLETED FORM AND PAYMENT (if applicable) TO:

KIM POIRIER, ADMINISTRATOR
PATTERSON FOUNDATION
1031 MENDOTA HEIGHTS ROAD
ST. PAUL, MN 55120
www.pattersonfoundation.net
phone: 651-686-1929