

JONATHAN ZIERDT CANCER FUND INVESTMENT CARD



JONATHAN ZIERDT
Cancer Fund

MANKATO AREA FOUNDATION

Name/Business _____

Contact Name _____

Street Address _____

City _____

State _____

Zip _____

Phone _____

Email _____

Committed to community cancer awareness and support, I (we) enclose a gift to the JZ Cancer Fund of the Mankato Area Foundation of \$ _____

I (we) agree to invest \$ _____ per year for _____ year(s).

I (we) intend to invest in the following way:

The total is enclosed. (Pay to the order of: Mankato Area Foundation. Please note JZ Cancer Fund in the memo line.)

Please bill me: Now Quarterly Annually

Please charge my: Visa Mastercard Discover

I will make my investment online at mankatoareafoundation.com

Credit Card # _____

Security Code _____

Signature _____

Exp. mo/yr (/) _____

Please include your investment card in the enclosed, self-addressed envelope and mail to:

127 South Second Street, Suite 100, Mankato, MN 56001 [P] 507.389.4583 [F] 507.389.4581