



## DONATION FORM

### Donor Information

Name/Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

All checks should be made payable to the **City of St. Joseph**. Please mail checks and donor form to the following address:

City of St. Joseph  
75 Callaway St E  
St. Joseph, MN 56374

I/We pledge to make this donation in the form of Cash/Check in the amount of \$ \_\_\_\_\_

To be allocated to \_\_\_\_\_

\_\_\_\_\_

*I understand that the City of St. Joseph is acting in reliance on this donation. No goods or services were received in exchange for this contribution.*

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

The City of St. Joseph acknowledges receipt of this contribution.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date