

MAILING YOUR DONATION



MAILING ADDRESS

Semcac
PO BOX 549
Rushford, MN 55971-0549

Complete and enclose this form with your check or money order donation if you wish to designate your donation to a specific program, department or location. Your contribution is tax-deductible, Semcac is a 501c3 nonprofit organization. You will receive a thank you letter as a receipt, acknowledging your donation. If you don't indicate any specific designation for your gift, the donation will be used where it is needed the most. Thank you for your generosity.

If you wish to remain anonymous, please contact the Planning & Development office: annette.theobald@semcac.org

Indicate below if you wish to designate your donation for a specific use at Semcac

- | | | |
|---|--|---|
| <input type="checkbox"/> Semcac Clinic | <input type="checkbox"/> Rushford Food Shelf (Fillmore) | <input type="checkbox"/> Volunteer Driver Program |
| <input type="checkbox"/> Clinic Outreach & Education | <input type="checkbox"/> Preston Food Shelf (Fillmore) | <input type="checkbox"/> Rolling Hills Transit (busing) |
| <input type="checkbox"/> Weatherization | <input type="checkbox"/> Homelessness Prevention, Shelter | <input type="checkbox"/> Employee Wellness |
| <input type="checkbox"/> Housing, Development/Rehab | <input type="checkbox"/> Senior Nutrition (Meals on Wheels, Senior Dining) | <input type="checkbox"/> General Agency Fund |
| <input type="checkbox"/> Outreach & Emergency Assist. | <input type="checkbox"/> Senior & Caregiver Advocacy | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Houston County Food Shelf | <input type="checkbox"/> Head Start or Early Head Start | <input type="checkbox"/> Specific location/ other specifics _____ |
| <input type="checkbox"/> Dodge County Food Shelf | | |

If your donation is being designated for more than one program/option above, please indicate what amount of the donation goes to which program OR Check to divide your donation equally among all options selected.

Donor Name _____ Gift Amount: \$ _____

Donor Address _____ Donation is in Memory of _____

Email _____ Check if you would like to receive e-updates from Semcac

If you would like to tell us why you give to Semcac, please enclose a note or email Semcac@semcac.org



TO MAKE A SECURE
DONATION VIA
CREDIT OR DEBIT CARD:
WWW.SEMCAC.ORG/DONATE

Contact Us
www.semcac.org
semcac@semcac.org
507.864.7741

