



## DONATION FORM

Enclosed is my tax-deductible gift in the amount of \$\_\_\_\_\_

Please use my contribution for:

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

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

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Please make checks payable to:  
Parkview Senior Living Foundation**

**102 CSAH 9  
Belview, MN 56214**