



**Yes, I want to give!**

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

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

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Gift Amount: \_\_\_\_\_  Cash  Check  Credit Card  
(Please enter securely online at <https://give.commonspirit.org/stalexiusdevillake/donate>)

**Please contribute my gift:**

To the area of greatest need  Specifically to \_\_\_\_\_

**This gift is made:**

Please notify the following of my gift:

- In honor of: \_\_\_\_\_  
 In honor of medical staff: \_\_\_\_\_  
 In memory of: \_\_\_\_\_

**Additional Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

I am interested in learning more about planned giving programs/estate planning with CHI St. Alexius Health Devils Lake Foundation. Please keep me informed of what is happening at CHI St. Alexius Health Devils Lake and its foundation via email/mail. (please circle one option).

**Please mail form and contribution to:**

CHI St. Alexius Health Devils Lake  
Foundation  
1031 7th St NE  
Devils Lake, ND 58301

**Questions regarding this form:**

Please contact CHI St. Alexius Health  
Devils Lake Foundation at 701.662.9707 or  
[amanda.moon@commonspirit.org](mailto:amanda.moon@commonspirit.org)

**Thank You for helping CHI St. Alexius Health Devils Lake Foundation advocate and advance our healing presence for the patients, families, associates and communities we serve!**