



**Missing GRACE Foundation**

P.O. Box 1625  
Maple Grove, MN 55311  
(763) 497-0709  
www.MissingGRACE.org

*Missing GRACE Foundation serves to help families on their journey through pregnancy and infant loss, infertility and adoption. We provide support and resources to aid individuals as they Grieve, Restore, Arise, Commemorate and Educate. Further, we commit to make available educational opportunities that will help bring about awareness and prevention of stillbirth. Missing GRACE Foundation is a 501(c)(3) Nonprofit.*

Enclosed is my one time gift of \$ \_\_\_\_\_ Please make checks payable to Missing GRACE Foundation.

Charge my gift to: VISA \_\_\_\_\_ Master Card \_\_\_\_\_ AMEX \_\_\_\_\_ Discover \_\_\_\_\_ (Fill in card information below)

I would like to support Missing GRACE Foundation monthly at \$ \_\_\_\_\_/month.

Charge this amount each month to my credit card Yes/No (Circle) I will send a check each month Yes/No (Circle)

CONFIDENTIAL: Card Number ---

Last 3 digits of the # found in the signature area on the back of your card

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

Given by: (print name as it appears on card) \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In memory of/in honor of: \_\_\_\_\_

My relationship to the one being honored/remembered: \_\_\_\_\_

Send notification card to: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

His/her relationship to the one being remembered: \_\_\_\_\_

Sentiment to include with notice: \_\_\_\_\_

