



WeARE Donation Form

I wish to make a one-time gift of the following amount:

- \$1,000
- \$500
- \$250
- \$100
- \$50
- Other \$_____

I want to become a sustaining member with automated donations at the following frequency:


- Monthly
- Annually

I wish for my sustaining gift to be the following amount:

- \$100
- \$50
- \$25
- \$10
- Other \$_____

If you would like us to automatically withdraw these payments from your checking account, please enclose a voided check.


wearebrainerd@gmail.com


218.454.1546


WeARE
P.O. Box #1086
Brainerd, MN 56401

Donate online at
www.wearebrainerd.org/donate

Full Name: _____

Address: _____

City/State/Zip: _____

Email: _____

Phone: _____

- Please contact me for volunteer opportunities

How did you hear about WeARE?
