



Donation Form

Yes, I want to support Three Rivers Community Action, Inc. to assist you with your tradition of service to the community.

I would like to donate the following amount \$ _____

Gift enclosed
(Make checks payable to Three Rivers Community Action, Inc.)

Pledged, please remind me in _____ months.

I am interested in volunteering

Please provide the following information in full:

Circle your Preferred Title: Ms. Mrs. Mr. Dr. None

First Name: _____

Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip _____

Email: _____

Phone: _____

Administrative Office

1414 North Star Drive
Zumbrota, MN 55992
Phone: 507-732-7391
www.threeriverscap.org
TTY: MN Relay Service:
1-800-627-3529

Faribault Office

201 South Lyndale Avenue
Faribault, MN 55021

Plainview Office

55049 241st Avenue
Plainview MN 55964

Wabasha Office

611 Broadway Avenue
Wabasha, MN 55981

I am making this gift in honor memory of:

Please provide name and address if you'd like us to send an acknowledgement of your gift.

Name: _____

Address: _____

City, State and Zip: _____

- Your contribution is tax deductible as allowed by law.
- Please include this form with your check.
- Mail to: TRCA, 1414 North Star Drive, Zumbrota, MN 55992
- Phone: 507-732-7391
- TTY: MN Relay Service 800-627-3529
- Website: www.threeriverscap.org

Thanks for giving!