

**Yes, I want to get involved and make a difference!**

**Enclosed is my contribution:**

- \$25       \$50       \$100
- \$250     \$500     Other \$ \_\_\_\_\_

If you are interested in donating stock, please contact the Seven Dreams Education Foundation at 763-504-4088

**Donation in Honor / Memory**

- Donate in honor/memory (circle one) of:  
\_\_\_\_\_
- Please notify the following of this gift (include name and mailing address):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Method of Payment**

- Check to: SEVEN DREAMS EDUCATION FOUNDATION
- VISA or MasterCard (circle one)  
Name on card: \_\_\_\_\_  
Acct. #: \_\_\_\_\_  
Exp. Date: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Signature: \_\_\_\_\_

**Please Return Donation To:**

Seven Dreams Education Foundation  
PO Box 41782, Plymouth, MN 55442

**Donor Information (Print & complete all information)**

\_\_\_\_\_  
Print your name(s) as it should appear in donor listings\*  
 \* I / We wish to remain anonymous in donor listings.  
Email address \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

- Robbinsdale Area School parent with children at (list school):  
Elementary School \_\_\_\_\_  
Middle School \_\_\_\_\_  
High School \_\_\_\_\_
- Robbinsdale/Cooper/Armstrong alum:  
Name/Class/School \_\_\_\_\_  
Name/Class/School \_\_\_\_\_

**Employer Matching Donations**

- My employer (list below) will match my donation. (Enclose proper form).  
\_\_\_\_\_

**Volunteering**

- I would like to volunteer for the Seven Dreams Education Foundation

**Thank you for your support!**





