

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!





