

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, contact the Seven Dreams Foundation at 763-504-4088

Donation in Honor / Memory

- Donate in honor/memory (circle one) of:

- Notify the following of this gift (print name and mailing address):

Method of Payment

- Check: Made payable to SEVEN DREAMS FOUNDATION.
- VISA or MasterCard (circle one and PRINT information)
- Name on card: _____
- Acct. #: _____
- Exp. Date: _____ Amount \$ _____
- Signature: _____

Please Return Donation To:

Seven Dreams Foundation
PO Box 41782, Plymouth, MN 55442

Donor Information (Print & Complete all information)

Print your name above as you wish it to appear in donor listings*

- * Check here if you wish to remain anonymous in donor listings.

Address _____

City _____ State _____ ZIP _____

- Check if you have children at a Robbinsdale Area School (list school):

Elementary School _____

Middle School _____

High School _____

- Check if you are a Robbinsdale/Cooper/Armstrong alum:

Name/Class/School _____

Name/Class/School _____

Employer Matching Donations

- My employer (list below) will match donation. (Enclose proper forms).

Volunteering

- I will volunteer my time for the Seven Dreams Foundation.