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\$ _____ Pledged Annually \$ _____ A One-Time Gift

A Gift in Memory or Celebration of _____

Person to be notified of this gift:

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Phone _____ Email _____

I would like my gift to remain anonymous.



SHOREVIEW COMMUNITY
FOUNDATION

Make checks payable to:

Shoreview Community Foundation

101 Fifth Street East, Suite 2400

Saint Paul, MN 55101