



SHOREVIEW COMMUNITY
FOUNDATION

I WISH TO MAKE A TAX DEDUCTIBLE GIFT TO THE SHOREVIEW COMMUNITY FOUNDATION

Donor Name _____

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

A Gift in Memory or Celebration of _____ (Person)

To be notified of this gift:

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Address City/State/Zip _____

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I would like my gift to remain anonymous.

Make checks payable to:
Shoreview Community Foundation
5845 St. Albans Court
Shoreview, MN 55126

www.ShoreviewCommunityFoundation.org