



DONATION FORM

Please complete this form, print and mail with your check made payable to the Project S.A.V.E. Foundation. Remit to:

Project S.A.V.E. Foundation

Attn: Jim Loria
P.O. Box 7216
St. Cloud, MN 56302

Contact E-Mail: jim@stcloudrox.com

PLEASE PRINT

Name (Title if Applicable) _____

Company Name _____

Address _____ P.O./Suite _____

City _____ State _____ Zip Code _____

Telephone: Work Direct _____ Cell: _____

E-Mail Address _____

Contribution – In Memory Of: _____

Contribution – In Honor Of: _____

One Time Payment Options

_____ \$25 _____ \$50 _____ \$100 _____ \$250 _____ \$500 _____ \$1,000 Other \$ _____

___ My check is enclosed (payable to "Project S.A.V.E. Foundation")

___ Please charge my credit card: _____ Visa _____ MasterCard

Name on Card _____

Card # _____

Exp. Date: _____ / _____ 3-Digit Security Code: _____

_____ I hereby grant permission for the Project S.A.V.E Foundation to make my donation public.

_____ I respectfully wish that my donation be kept private.

_____ I would like a Financial Wealth Management representative to contact me personally to discuss opportunities to donate to the Foundation. Below is my personal contact information:

Cell Phone: (_____) _____ - _____

E-Mail Address: _____

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