



# Edina Education Fund

**Yes!** *I want to support enhanced educational opportunities and innovative programs in the Edina Public Schools.*

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Please tell us (check all that apply):**

- I'd prefer email correspondence over paper.  I'd like to remain anonymous.
- I'd like to talk to someone about planned giving.  I'm an EHS alumni. (Year: \_\_\_\_\_)
- My employer will match my contribution. Employer: \_\_\_\_\_

**My gift (choose one):**

- Recurring gift of \$ \_\_\_\_\_ every  month **OR**  quarter, beginning (date) \_\_\_\_\_
- One-time gift of \$ \_\_\_\_\_

**Gift is (choose one, if applicable):**

- In honor of **OR**  In memory of: \_\_\_\_\_

Please notify (name, address): \_\_\_\_\_

**Payment method (choose one):**

- Check (enclosed, payable to Edina Education Fund)
- Credit Card (VISA or MC only): \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- Name on CC: \_\_\_\_\_ CC#: \_\_\_\_\_
- Security Code: \_\_\_\_\_ Signature: \_\_\_\_\_
- Email (required for CC): \_\_\_\_\_

**Donations are 100% tax-deductible since no goods or services are given in exchange for gifts.**

**5701 Normandale Rd., Ste. 336, Edina, MN 55424 • 952-848-4222**