



Yes! I would like to support the EDINA EDUCATION FUND!

First Name(s) _____ Last Name(s) _____

Address _____

City, State, Zip _____

Phone Number _____

Email Address _____

Student name(s) and school(s)

If you are an alumnus of Edina Public Schools, please note EHS graduation year: _____

DONATION

I/we will contribute \$50 \$100 \$250 \$500 \$1,000 Other \$_____

I/we will give a recurring donation of \$_____/month \$_____/quarter

PAYMENT INFORMATION

CHECK Enclosed, payable to Edina Education Fund

OR Credit Card (we accept VISA or MasterCard)

Name listed on Credit Card _____

Credit Card Type (VISA/MasterCard) _____

Credit Card Number _____

Expiration Date (e.g. 00/00) _____

Special Request _____

I want my donation to remain anonymous

My employer will match my donation (Please obtain form from employer, complete the donor section and send to us, we will complete the rest)

Employer Name _____

Your contributions are fully tax-deductible. The Edina Education Fund is organized and operated under IRS code 501(c)(3). If a requested restriction becomes unnecessary or incapable of fulfillment, the Edina Education Fund has the right to modify the restriction. Designated donations are subject to an administrative fee. A minimum of 92% will be directed to donor's request.

Questions? Call the Edina Education Fund at 952-848-4222.

Mailing address: Edina Education Fund ▪ 5701 Normandale Road ▪ Edina, MN 55424

THANK YOU! 