

Donor Card

Name _____ Phone: (Day) _____
(as you wish it to appear in the Annual Report)

Address _____ Phone (Evening) _____

City _____ State _____ Zip _____

Undesignated Designated for: (Specific Existing Scholarship) _____

\$2,500+ Benefactor My gift will be matched by: _____

\$1000 – 2,499 Patron _____
Company Name (Obtain matching gift form from your company.)

\$500 – 999 Sustaining Member _____

\$100 – 499 Sponsor Please send this form with your donation to the *Better Educated Students of Today*

\$50 – 99 Contributor District Office, Attn: Tamara Hart, or mail to:

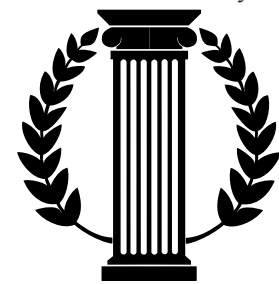
\$1 – 49 Friend Inver Grove Heights BEST Foundation

Please keep my gift anonymous. P.O. Box 2276

Inver Grove Heights, MN 55076

All gifts are deductible to the extent provided by law. Gifts must be received prior to June 30 to be included in the annual report.

Checks should be payable to IGH BEST Foundation. Thank you for your support.



Community Leaders Tomorrow

Memorial Gift

Name _____ Phone: (Day) _____
(as you wish it to appear in the Annual Report)

Address _____ Phone (Evening) _____

City _____ State _____ Zip _____

Undesignated Designated for: (Specific Existing Scholarship) _____

My gift will be matched by: _____

Company Name (Obtain matching gift form from your company.)

Enclosed is my gift of \$ _____ (Please make checks payable to: IGH BEST Foundation)

This gift is given in honor of: _____

Reason for this gift:

Deceased memorial Birthday Anniversary

Other _____

Who should the IGH BEST Foundation notify that you made this gift? (No dollar amount will be mentioned.)

Name _____

Address _____

Please send this form with your donation to:

Inver Grove Heights BEST Foundation
P.O. Box 2276, Inver Grove Heights, MN 55076