

DONATION FORM

My gift is to support: _____

YOUR INFORMATION

Name _____

Address _____ City _____ ST ____ ZIP _____

Email _____ Phone _____

I WOULD LIKE TO GIVE

Please choose an option below

A one-time gift of
 \$500 \$250 \$100 \$50 \$25
Other \$ _____

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An **ongoing gift** of \$ _____
charged monthly quarterly
to credit card provided below

PAYMENT INFORMATION

Please choose an option below

A **check** is enclosed (payable to DSST Public Schools)
 I authorize DSST Public Schools to charge my credit card in the amount of \$ _____

Complete your credit card information:

Name on card _____

Visa Mastercard Discover American Express

Card Number _____ Expiration Date mm/yy _____

Security Code _____

QUESTIONS ?

Call 303-802-4117 or email info-development@scienceandtech.org

Mail this form and check, if applicable, to:

DSST Public School Foundation

PO Box 857397

Minneapolis, MN 55485-7397