



DONATION FORM

Please complete this form, print and mail with your check made payable to the following:

Rox 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 _____

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Telephone: Work Direct _____ Cell: _____

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Contribution – In Memory Of: _____

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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

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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 Rox Project S.A.V.E. Foundation. Below is my personal contact information:

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