



Carnival Donation Form

Donor Information (please print or type)

Name	
Address	
City	
State	
ZIP Code	
Telephone (home)	
E-mail Address	

Donation Information

I (we) pledge a total of \$ _____

Item Description: _____

I (we) plan to make this contribution in the form of:

____ Cash / ____ Check / ____ Item (complete right side)

Value: _____

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

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____ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please make checks payable to:

Aldrich Memorial Nursery School
 855 Essex Parkway, NW
 Rochester, MN 55901

FOR OFFICE USE
 Item Received

