



## Donation Form

Thank you so much for all you do to build assets in our children and young people! Please complete this form and mail or fax to the address below.

To support Search Institute's efforts to provide leadership, knowledge, and resources to promote healthy children, youth, and communities I have enclosed a donation in the amount of \$\_\_\_\_\_.

**Enclosed is my check. My contact information is:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Telephone (optional) : \_\_\_\_\_  
Email: \_\_\_\_\_

**Please charge my credit card.**       **Visa**       **MasterCard**

Card number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Name as it appears on card: \_\_\_\_\_  
Signature: \_\_\_\_\_

My billing address:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Telephone (optional) : \_\_\_\_\_  
Email: \_\_\_\_\_

I would like to speak with someone about other ways to support Search Institute.

**Mail or FAX to:  
Office of the President  
Attn: Annual Fund  
Search Institute  
615 First Avenue NE, Suite 125  
Minneapolis, MN 55413**

**Or FAX: 612-692-5553 Attn: Annual Fund**