

☐ General Fund (apply my gift to the greatest need) ☐ \$80 ☐ \$150 ☐ \$250 ☐ \$500 ☐ \$1,000 ☐ Other	
□ Student Support Fund □ \$240 □ \$480 □ \$720 □ \$960	
TOTAL DONATION \$	
☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr. ☐ Other	
Name:	
Address:———————————————————————————————————	
City, State, Zip:	
Country:	
Telephone:	
Email:	
□ Credit Card (select type) □ Visa □ MasterCard Credit Card Number Security Code (3 digit) Expiration Date / Name on Card (please print clearly) Signature (required)	
☐ Check enclosed payable to "Project Zawadi"	
□ Employer match:	
Company name	
Amount matched	
☐ This donation is in memory/honor of:	
Please notify (name and address or email):	

Please mail this form with your donation to: Project Zawadi, 253 Duke Street, Saint Paul, MN 55102