



**YES, I'D LIKE TO MAKE A CONTRIBUTION TO
NORTHERN CLAY CENTER.**

PERSONAL INFORMATION

NAMES(S)* _____

I PREFER MY GIFT TO BE ANONYMOUS.

ADDRESS _____

I WOULD LIKE TO RECEIVE NCC NEWS
UPDATES VIA E-MAIL.

CITY _____ STATE _____ ZIP _____

TELEPHONE _____

E-MAIL ADDRESS _____

* WE WOULD LIKE TO ACKNOWLEDGE YOUR
GENEROSITY IN NORTHERN CLAY CENTER'S
ANNUAL REPORT. PLEASE PRINT YOUR NAME AS
YOU WISH IT TO APPEAR IN THE REPORT.

FORM OF PAYMENT

CHECK PAYABLE TO NORTHERN CLAY CENTER.
AMOUNT: \$ _____

CHARGE TO VISA OR MASTERCARD

ACCOUNT # _____ EXP. DATE _____ SIGNATURE _____

**PLEASE MAIL TO:
NORTHERN CLAY CENTER
2424 FRANKLIN AVENUE EAST
MINNEAPOLIS, MINNESOTA 55406**