

I Want to Make a Difference

I value the work of MSABF with children who have a visual disability. I want to support the Foundation's effort to help them achieve their full potential.



Name _____

Address _____

E-mail _____

I have enclosed my tax deductible gift for \$ _____

Or by credit card through GiveMN.Org

I want my gift to go to near-term Foundation expenditures _____

I want my gift to go to the permanent charitable endowment fund with the Minnesota Foundation

This gift is in honor _____ /memory _____ of _____

Please notify: Name _____

Address _____

I have included MSABF in my will _____

mail to:

MSAB Foundation, PO Box 52, Faribault, MN 55021

www.msabfoundation.org