



YES! We want to be a FACT partner!

I/We proudly pledge _____/year for 3 years.

Signature: _____

Printed name: _____

Company: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred phone number: _____

Preferred e-mail address: _____

Check enclosed (For one year partnership payable to Moraine Park Foundation Inc.)

Please send an annual invoice for our partnership

Visa MasterCard

Card no. _____ Exp. date: _____

Name as it appears on card: _____

Signature: _____ CVV: _____

(Note: card will be charged for year one of partnership)

M O R A I N E P A R K
FOUNDATION