

EGF Education Foundation Membership Application

I/we would like to contribute to the EGF Education Foundation

Enclosed is my gift of \$ _____

Please Check One

- | | | |
|--------------------------|--------------------|-------------------|
| <input type="checkbox"/> | \$25 | Annual Membership |
| <input type="checkbox"/> | \$25 - \$500 | Sustaining Member |
| <input type="checkbox"/> | \$500 - \$5,000 | Founder |
| <input type="checkbox"/> | \$5,000 - \$10,000 | Builder |
| <input type="checkbox"/> | \$10,000 - & Above | President's Club |
| <input type="checkbox"/> | \$25,000 | Named Endowments |



Investing in Education

Name _____ Class of _____ Or Friend of Education _____

Address _____ Email _____

City _____ State _____ Zip _____ Phone _____

This gift in Memory of in Honor of Name _____

Address _____ City _____ State _____ Zip _____

Make checks payable to EGF Education Foundation • P.O. Box 588 • East Grand Forks, MN 56721