



P.O. Box 2067, Minneapolis MN 55402

YES! I would like to assist with the MSNP projects. My gift is enclosed.

Name _____

Address _____

City/State/Zip _____

___ **I would like my gift to be in honor of** _____

___ **I would be interested in volunteering. Please call me:** _____

Please e-mail me: _____

___ **I would like to receive your period newsletters.**