

# *Listening Point Foundation Contribution Form*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

My donation will secure a gift contribution for:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

My contribution is in (select one) honor/memory of:

\_\_\_\_\_

## Contribution Amount

\$25

\$250

\$50

\$500

\$100

\$(other)\_\_\_\_\_

Please send your check payable to  
Listening Point Foundation and mail to:

Listening Point Foundation, Inc.

P.O. Box 180

Ely, MN 55731