



You

Name _____

Address _____

Tel _____ Email _____

Gift Amount _____

- Send the gift card to me so I can deliver it in person
- Send the gift card directly to recipient

Your Honoree(s)

Name _____

Address _____

Message on gift card: _____

Name _____

Address _____

Message on gift card: _____



Please mail your tax deductible check to
Diversity Council
1130½ 7th St NW, Ste 204
Rochester MN 55901