

## **Crossroads Charter Schools**

## **Donation Card**

## Thank you for DREAMING BIG with us and with our students!

Please complete the following information and include it with your donation:

Today's Date	
Full Name	
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City, State ZIP	
Phone	
Email	
Donation Amount	
In Memory of (if applicable)	
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Please return the completed form with your donation to:

Crossroads Charter Schools attn: Chief Operating Officer 1011 Central St. Kansas City, MO 64105