

Please help support our mission and program.
Donation Form



Still a great tax-deduction!

Please return to:
 The Depot Coffee House
 9451 Excelsior Blvd
 Hopkins, MN 55343

Name			
Address	City	State	ZIP
Work Phone Number	Home Phone Number		
Fax Number	Cell Phone Number		
I have enclosed \$ _____ to become a: <input type="checkbox"/> Birthday Card Signer (\$20 per signature) <input type="checkbox"/> Friend (under \$49) <input type="checkbox"/> Associate (\$50-99) <input type="checkbox"/> Builder (\$100-499) <input type="checkbox"/> Benefactor (\$500-999) <input type="checkbox"/> Patron (\$1000-4999) <input type="checkbox"/> Pillar (\$5000-10,000)	Email Address		
	<input type="checkbox"/> Student <input type="checkbox"/> Alumni <input type="checkbox"/> Adult		
	Company/Organization		
For a complete list of volunteer opportunities, contact 952-936-0205 or javalamp@yahoo.com for a Caring Adult Network Application.			