



Taste of Slice/Slice of Shoreview
Shoreview Einhausen Sister City Association
Donation Form

Donated by: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Donated Items: _____

Value of Donation: _____

Please send donation and form to:

Slice of Shoreview/Taste of Slice
c/o City of Shoreview
4600 Victoria Street North
Shoreview, MN 55126

Taste of Slice
February 21, 2019 | 5:00 – 8:00 p.m.
Shoreview Community Center
651-490-4750

Please keep for your records



Taste of Slice/Slice of Shoreview
Shoreview Einhausen Sister City Association
Donation Record Tax ID #41-2020313

Taste of Slice
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Thank you for your donation!

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