



Mesabi Range Campus Foundation

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Website:

Date:	
Name:	
Title/Department:	
Company:	
Address:	
City, State, Zip:	
Telephone/Cell Number:	
Email Address:	
Fax Number:	
Gift Description:	
Value (As declared by the donor):	
Serial Number (if applicable):	
Comments:	

Part 2: Filled out by the Mesabi Range Campus Foundation Representative

Date Gift Received:	
Signature:	
Title:	