□\$1,000	□\$500	□\$250	□\$100	□\$50	□\$25	□ Other \$
Payment Typ	e: 🗆 Casł	n enclosed	Check end	losed (Paya	ble to <i>Greate</i>	r Minneapolis Crisis Nursery)
Name:						
Address:						
City/State/ZI	P:					
Email:						
Phone:						
All contributions	directly supp	ort the program		of the Crisis N	Jursery. Greate	a tax receipt. er Minneapolis Crisis Nursery the full extent of the law.
My gift to hel	p end child	abuse and i	neglect and c	reate strong	g, healthy fa	milies:
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