

# April Sorensen Memorial Foundation donation form

\*\*\*Please complete the form below and return with your donation  
\*\*\*You may also retain a copy to document your donation

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

\*\*\*Make checks payable to April Sorensen Memorial Foundation

April Sorensen Memorial foundation  
82017 County Road 46  
Hayward, MN 56043

[www.livelaughloverun.com](http://www.livelaughloverun.com)

Email: [hello@livelaughloverun.com](mailto:hello@livelaughloverun.com)

