



City of Lakes Waldorf School
2015–16 Great Gatherings
Donation Form
(or go online to fill this out electronically)

Donor Information

Name: _____

Address: _____

City *State* *Zip*

Phone / Email: _____

Great Gathering Title & Description

Title: _____

Detailed description of gathering. Please include any restrictions (use back as needed):

Great Gathering Details – When, Where, Who Attends, & Pricing

When is the Great Gathering? (Please select a date & time)

Date: _____ Time: _____

Where is the Great Gathering?

Who Attends?

_____ Adults only _____ Children only _____ Family

Number of people who can attend:

_____ Adults _____ Children _____ Family

Price per:

\$ _____ Adults \$ _____ Children \$ _____ Family

Please fill out completely and return to:

City of Lakes Waldorf School
Attention: CLWS Great Gathering Donation
2344 Nicollet Avenue
Minneapolis, MN 55404

To submit via email, please email this information to:
development@clws.org.

Thank you for your donation to CLWS!