DONOR DESIGNATION FORM



Minimum \$100 contribution per designation.

Name:	Home Phone:
Billing Address:	Email:
City, State, ZIP:	
Signature:	Date:
Specify Non-Profit Organization	
	gnated gifts to specific 501(c)(3) agencies are not reviewed or held accountable for ed a processing fee for administration and management costs associated with that s.
Designated Amount:	
Agency Name:	
Agency Address:	
Agency Phone:	
	agency, including 501(c)(3) tax determination letter and counter-terrorism compliance. ted to the Community Impact Fund. Donor designations are distributed to non-profit anizations.
All designation requests must be received in writing within 30 days of a pledge.	