



DONOR INFORMATION: (Please Print)

Mr. Mrs. Mr. & Mrs. Other: _____ Phone: (____) _____
Donor Name: _____
Donor Address: _____
City: _____ State: _____ Zip Code: _____
Email address: _____

PRIVACY PREFERENCES: (Check One)

- Donor name as you wish it to appear in community outreach materials such as our annual report and newsletter, if different than listed above: _____
 I prefer to make this contribution anonymously.

Contribution (enclosed) \$ _____
(Please make check payable to Schuylkill Area Community Foundation or SACF.)

DESIGNATION:

- Name of Existing Fund for this contribution: _____
 Friends of the Foundation Fund – support annual grants

COMMEMORATIVE GIFTS:

- In Memory of: _____
 In Honor of: _____

Send gift notification to:

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Thank you for your contribution. Please mail the completed form to:

Schuylkill Area Community Foundation
216 South Centre Street
Pottsville, PA 17901