



**DONOR INFORMATION: (Please Print)**

Mr.    Mrs.    Mr. & Mrs.    Other: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Donor's Name: \_\_\_\_\_  
Donor's 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: \_\_\_\_\_  
 Name of Organization(s): The list can be found under Designated Funds or contact SACF at (570) 624-7223. \_\_\_\_\_  
Contributions will directly support the organization(s) listed above.  
 Unrestricted Funds – Contributions support the Foundation's ongoing work and have the greatest flexibility to meet the most pressing and ever changing needs of our community.  
 Friends of the Foundation Fund – Contributions support the Foundation's annual grant cycle.  
 General operating fund for the Foundation.

**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