

DONATION FORM



PLEASE PRINT THIS FORM, COMPLETE AND MAIL WITH YOUR DONATION TO:

Central Pennsylvania Community Foundation
1330 11th Avenue
Altoona, PA 16601
(814) 944-6102

Please make check or money order payable to *Central Pennsylvania Community Foundation*

Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Email: _____

Donation amount \$ _____

Name of fund _____

If other than yours, under what name do you wish your donation to be noted?

Is your donation in honor (living) of someone?

Name _____

Is your donation in memory (deceased) of someone?

Name _____

Do you have additional instructions? _____

THANK YOU!