



Check Donation Form - PLEASE PRINT CLEARLY

Checks must be payable to Bozeman Area Community Foundation & dated 4/30/20 or 5/1/20

Name: _____ Date: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

- Please do not display my name publicly.
- Please do not display my donation amount publicly.
- This is my first time giving to a local nonprofit.

	Nonprofit Name	Donation Total
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$

- Check will not incur a fee.

TOTAL: \$

Admin Only	
Check #:	<input type="checkbox"/> Cash
Check Total:	
Cash Total:	
Time Entered:	
<input type="checkbox"/> Receipt sent	Initials:

