

Check Donation Form- PLEASE PRINT CLEARLY

Checks must be payable to One Valley Community Foundation & dated 5/6/21 or 5/7/21



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: |

