



DONATION FORM

To make a donation with a check, please complete this form and send with check to:

Racine Community Foundation
1135 Warwick Way, Suite 200
Racine, Wisconsin 53406

I/We wish to make a gift of \$ _____

My/Our Name _____

Address _____ City _____ State _____ Zip _____

Email Address _____ Phone _____

- This gift is anonymous
- Please include me/us in your Annual Report list of donors

Name(s) as you wish to be recognized _____

Please direct my/our gift to:

- General Fund (unrestricted)
- An established fund. The name of the fund is _____
- I/We wish to start an Acorn Seed Fund (minimum contribution is \$50/monthly or \$600/annually). Please contact me/us to sign a fund agreement.

Please designate my/our gift:

- In honor of _____
- In memory of _____

Send a letter acknowledging my memorial or tribute to:

Name _____

Address _____ City _____ State _____ Zip _____

Email Address _____ Phone _____

Thank you for supporting Your Community, Your Foundation!