



Donor Contribution Form

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

I would like to designate my charitable contribution to the following fund or funds:

Amount \$ _____ Fund Name _____

Amount \$ _____ Fund Name _____

Amount \$ _____ Fund Name _____

Amount \$ _____ Fund Name _____

Amount \$ _____ Fund Name _____

Amount \$ _____ Fund Name _____

Amount \$ _____ Fund Name _____

Amount \$ _____ Fund Name _____

Amount \$ _____ Fund Name _____

Amount \$ _____ Fund Name _____

Total Amount of Contribution \$ _____ Please keep my/our donation anonymous _____

Signature _____ Date _____

Make checks payable to "Community Foundation of Hancock County "
Mail to Ellen Tusha, Director, 327 W. 8th St. Garner, IA 50438
Please Include this form with your check.

If this is a stock transfer, please contact us at (641) 860-1708 or email to
hancockcounty@desmoinesfoundation.org