



**DONOR INFORMATION: (Please Print)**

Mr.    Mrs.    Mr. & Mrs.    Other: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Donor's Name: \_\_\_\_\_  
Donor's Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**PRIVACY PREFERENCES: (Check One)**

- Donor name as you wish it to appear in community outreach materials such as our annual report and newsletter, if different than listed above: \_\_\_\_\_  
 I prefer to make this contribution anonymously.

Contribution (enclosed) \$ \_\_\_\_\_  
(Please make check payable to Schuylkill Area Community Foundation.)

**DESIGNATION:**

- Name of Existing Fund for this contribution: \_\_\_\_\_  
 Name of Organization (listed under Designated Funds) \_\_\_\_\_  
Contribution will be assigned to the appropriate fund to support the organization listed.  
 Unrestricted Funds/Contributions – These combined funds/contributions support the Foundations ongoing work and have the greatest flexibility to meet the most pressing and ever changing needs of our community.  
 Check here if you prefer to contribute to the Friends of the Foundation Fund that supports our general annual grantmaking fund.

**COMMEMORATIVE GIFTS:**

In Memory of: \_\_\_\_\_  
 In Honor of: \_\_\_\_\_  
Send gift notification to:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Thank you for your contribution. Please mail the completed form to:

Schuylkill Area Community Foundation  
216 South Centre Street  
Pottsville, PA 17901

For more information, including a free consultation about your own planning and establishing a fund, please call Eileen Kuperavage at (570) 624-7223.