



SCHUYLKILL
SAC AREA *Give Locally. Help Locally.*
COMMUNITY
FOUNDATION



DONOR INFORMATION: (Please Print)

Mr. Mrs. Mr. & Mrs. Other: _____ Phone: (____) _____
 Donor Name: _____
 Donor Address: _____
 City: _____ State: _____ Zip Code: _____
 Email address: _____

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 or SACF.)

DESIGNATION:

Name of Existing Fund for this contribution: Schuylkill Technology Center Food Truck Project
 Friends of the Foundation Fund – support annual grants

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

