Check Acceptance Form
**Your check must be payable to: Community Foundation of Warren County
and received at the Foundation office no earlier than Wednesday May 1, 2024 and no later than Monday May 13, 2024**

Mail to: Community Foundation of Warren County

 310 Second Ave, Warren, PA, 16365

Donor Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Please print your name as you wish it to appear in donor recognition(s).

**Check here if you wish to have your donations be anonymous**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Name of Organization to which you are donating | Donation Amount | Please add – “In memory Of” or “In Honor Of” for every donation you wish to designate – if none leave blank |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Check Number\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount \_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**All Requested Information is Required in order to properly process your check**

**In order for the Community Foundation to process your check and include your donation(s) as part of Warren Gives, this form must accompany your check and it must be received no later than Monday May 13, 2024.**