

Helping You Help Your Community



Your generosity will make the world a better place today and for the future.

DONOR INFORMATION:

Name _____
Billing Address _____
City, State, Zip Code _____
Phone _____
Email _____

Name of fund to receive contribution: Marshall County Arts & Culture Alliance

Contribution total of \$ _____ **To be paid:** Now Monthly Quarterly Yearly
 I(we) wish to have our gift remain anonymous.

This gift is in Honor/Memory of (optional): _____

Gift will be matched by (company, family, foundation): _____

Form enclosed Form will be forwarded

Signatures

Date

Please make checks, corporate matches, or other gifts payable to:

Community Foundation of Marshall County
11 North 1st Avenue
Marshalltown, IA 50158

