

DONOR INFORMATION

FIRST NAME(S): _____ LAST NAME(S): _____

FULL MAILING ADDRESS: _____
(street, city, state, zip)

PHONE: _____ EMAIL: _____
We will send you a digital receipt for your records.

Please circle only one payment method per form. CHECK / IRA / STOCK

FINANCIAL INSTITUTION: _____ CHECK NUMBER: _____

PRIVACY PREFERENCES (please select one):

- I'm happy to have my name and donation amount publicly recognized.
- Please list my name publicly, but keep my donation amount private.
- I prefer to remain fully anonymous (My gift will not be publicly shared or disclosed to the nonprofit).

Name for Recognition (if applicable): _____

CONTRIBUTION DETAILS

Please ensure all nonprofit names are written legibly and match their registered names on ErieGives.org.

Erie Gives Nonprofit(s) Name(s) from ErieGives.org	Gift Amount
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
PAGE 1 CONTRIBUTION TOTAL	\$

FOR OFFICE USE ONLY

Received: Mail In-person

Information Verified: _____

Entered: _____