



## Fund Contribution Form

Name of Fund to Receive the Enclosed Contribution: \_\_\_\_\_

Total Contribution Amount: \$ \_\_\_\_\_

### Contributor Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

This Gift is in Honor of (optional): \_\_\_\_\_

My Company Will Match This Gift: YES  NO

Company Name: \_\_\_\_\_

Please Use This Space to Provide Any Additional Instructions or Comments:

Please mail this form along with your monetary donation to:  
Hardin County Community Endowment Foundation  
P.O. Box 473  
Iowa Falls, Iowa 50126