

Connect to a Cause Check Contribution Form

Please make checks payable to **Community Foundation of Lorain County** and kindly deliver with this completed form no later than 8:00 pm Thursday, September 17, 2020.



ALL INFORMATION IS REQUIRED

Donor Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Check Number: _____ Contribution total: \$ _____

Please list how you wish to be identified in print: _____

Example: John & Jane Doe | John Doe | Anonymous

Does your employer match donations? Yes No Company Name: _____

Please note, the employee is responsible for completing the employer's company match paperwork.

	Connect to a Cause Non-profit Name <small>All non-profits below must currently be listed on the Community Foundation of Lorain County</small>	Gift Amount <small>\$5 minimum</small>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

FOR OFFICE USE ONLY

Received: Mail In Person _____ Information Verified _____ Entered