



WALKER AREA Community Foundation

RESPONSIBLE GIVING RESULTS

DONATION FORM

PLEASE PRINT

Name: _____ Mr. Mrs. Ms. (*circle one*)

MailingAddress: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____ (*Optional*)

All donations will be placed into the Community Fund (General Fund) unless otherwise noted

This gift is in honor of: _____

This gift is in memory of: _____

Send the notification of this gift to:

Amount will not be mentioned

Name: _____ Mr. Mrs. Ms. (*circle one*)

MailingAddress: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____ (*Optional*)

Make checks payable to Walker Area Community Foundation

Please mail to: P. O. Box 171 • Jasper, AL 35502

You will receive a receipt letter for your records.