

Story County Community Foundation

Donor Contribution Form

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

I would like to designate my charitable contribution to the following fund or funds:

Amount \$ _____ Fund Name _____

Amount \$ _____ Fund Name _____

Amount \$ _____ Fund Name _____

Amount \$ _____ Fund Name _____

Amount \$ _____ Fund Name _____

Amount \$ _____ Fund Name _____

Amount \$ _____ Fund Name _____

Amount \$ _____ Fund Name _____

Amount \$ _____ Fund Name _____

Amount \$ _____ Fund Name _____

Total Amount of Contribution \$ _____ *Please keep my/our donation anonymous* _____

Signature _____ **Date** _____

Make checks payable to "Story County Community Foundation"
Mail to P.O. Box 1666, Ames, Iowa 50010 - 1666.
Please Include this form with your check.

If this is a stock transfer, please contact us at 515-232-9200 or email to storycounty@storycountyfoundation.org.