



## Donation Form

PLEASE PRINT

Name: \_\_\_\_\_ Mr. Mrs. Ms. (circle one)

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: (Optional) \_\_\_\_\_

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

\_\_\_\_\_

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\_\_\_\_ 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)

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

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

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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.*