



DONATION FORM

All donations must be entered online at www.givelocalyork.org between the hours of 12:00AM EST and 11:59:59PM EST on May 4, 2018 in order to be counted toward the Give Local York grand total and be eligible for Stretch Pool Funds.

Organization I am donating to: _____

Donor Information

First Name _____ Last Name _____

Email Address _____

Street Address _____

Street Address 2 _____

City _____

State _____ Zip Code _____

Phone Number _____

Donation Amount

- \$10
- \$25
- \$50
- \$100
- \$250
- \$500
- Other (minimum \$10) _____

Optional/Additional

- I am a first time donor to this organization.
- I would like to make this donation anonymously.
- I am making this gift in honor or memory of: _____
- I was referred to this organization by: _____

I would like 100% of my donation to go to the organization and will cover any processing fees.

Payment Details

Credit Card Type _____

Credit Card Number _____

Expiration Month / Year _____

Verification Code _____

- I understand that my gift will be processed on May 4, 2018, as part of the Give Local York event.
- I understand that my credit card will be charged by, and my receipt will come from, The K Foundation ("TKF").

Signature _____ Date _____