

**THE MASSIE FOUNDATION**
CARING COUNSELING. SOAR TO NEW BEGINNINGS!

EIN: 33-4924938

The Massie Foundation, Inc. is a nonprofit organization recognized under Section 501(c)(3) of the Internal Revenue Code.

Sponsorship & Charitable Contribution Form

1. Donor Information

Legal Name (Individual or Business): _____

Business Name (if applicable): _____

Mailing Address: _____

City, State, ZIP: _____

Phone Number: _____

Email Address: _____

2. Tax Identification

Tax Classification:

Individual / Sole Proprietor

Partnership

Corporation (C or S)

LLC

Other: _____

Taxpayer Identification Number (requested for recordkeeping purposes)

EIN: _____

SSN (last 4 only): _____

3. Contribution Details

Contribution Amount: \$ _____ Date of Contribution: _____

Payment Method:

Cash

Check (Check #: _____)

Credit Card

Other: _____

13009 Spring Hill Drive, Spring Hill, FL 34609

Phone: (352) 616-0014 Fax: (352) 616-0016

EIN: 33-4924938

Is this contribution:

- Unrestricted
- Restricted for mental health services
- Other restriction: _____

4. Business Purpose

If business donor, brief description of purpose (e.g., community support, sponsorship, etc.):

5. Goods or Services Disclosure (Required for IRS Compliance)

Did the donor receive anything of value in exchange for this contribution?

- No goods or services were provided
 - Yes, goods or services were provided (describe and estimate fair market value):
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6. Public Recognition (Optional)

Name to be used in acknowledgments/public materials:

7. Donor Certification

The undersigned confirms that:

- This contribution is made voluntarily to The Massie Foundation, Inc.
- The information provided is accurate to the best of their knowledge
- The donor understands that a written acknowledgment will be provided for tax purposes in accordance with IRS requirements

Signature: _____

Printed Name: _____

Title (if business): _____

Authorized Representative (if applicable): _____

Date: _____

Internal Use Only

Receipt #: _____

Deposit Date: _____

Program Allocation: _____

Authorized Representative: _____