Your Community Foundation

Match Month - Donation Form

Name & Spouse _____ Phone Number: _____

Name: _____ City: _____ State: _____ Zip: _____

Address: _____ Email: _____

☐ Mark box for this gift to remain anonymous ☐ Mark box to learn more about legacy giving

Payment Method:

☐ Cash ☐ Check # _____ ☐ Stock Transfer. Contact YCF for instructions.

Qualified Charitable Distribution from an IRA account, please indicate the financial institution processing the distribution: _____

Please indicate below the fund(s) to credit:

$	YCF General **Goal = $10,000**	Help us on our journey to sustainability! All donations are invested in our operating fund, which helps us continue to run and grow the foundation. Our grant funding for staff support is coming to an end, and with donor support, we're working toward becoming fully self-sustaining in the next 4-5 years.
$	YCF Public Health **Goal = $10,000**	Supports YCF's annual Community Grant Cycle, which awards $15,000–$25,000 each year to multiple nonprofits addressing local needs. Since 2012, this program has provided more than $142,340 to projects that enhance the quality of life in Allen County.

$	Allen Community College Scholarship Fund
$	Allen County Hospital Uniting for Excellence Fund
$	Coach Neil Crane Allen Community College Fund
$	First Presbyterian Church Fund
$	Friends of the Allen County Parks & Trails Fund
$	Gary & Barbara McIntosh Historical Education Fund
$	Hope Unlimited Fund
$	Humanity House Foundation Fund

$	Iola Public Library Fund
$	Iola Senior Citizens, Inc. Fund
$	Masterson Family Youth Recreation Fund
$	Raymond C. McIntosh Memorial Fund for ACARF
$	Springer Family Fund for Community Vitality
$	The Growing Place Fund
$	USD257 Alumni Fund

TOTAL DONATION: $_____