AT RISK
COMMUNITY
FOUNDATION
CORPORATION

1255 LaQuinta Dr. Ste 230
Orlando, Florida 32809
(877)-742-6354
www.arcfcorp.org

ARCFCORP DONATION FORM

DONOR INFORMATION

Full Name _____ Phone Number _____

Organization (Optional) _____ Email Address _____

DONATION AMOUNT

- ☐ $25
- ☐ $50
- ☐ $100
- ☐ $250
- ☐ $500
- ☐ Other: $

DONATION PURPOSE

- ☐ General Operations
- ☐ Community Programs
- ☐ Youth Programs
- ☐ Educational Support
- ☐ Emergency Relief
- ☐ Other:

PAYMENT METHOD

- ☐ Cash
- ☐ Check (Mail In)
- ☐ Credit Card
- ☐ Bank Transfer

DONATION TYPE

- ☐ One-Time Gift
- ☐ Monthly Donation
- ☐ Quarterly Donation
- ☐ Annual Donation

DONOR MESSAGE

AUTHORIZATION

Donor Signature _____ Date: _____

Thank you for supporting our mission and helping us serve the community.