



DONATION ACCEPTANCE AGREEMENT

100+ Women Who Care Will County is pleased to present

_____ with a donation totaling \$ _____

By accepting this donation,

_____ agrees to not publish or use the individual names and contact info of 100+ Women Who Care Will County donors for future solicitations or publicity; and agrees to mail personal receipts/acknowledgment letters for tax deduction purposes to each 100+ Women Who Care Will County donor.

The name "100+ Women Who Care Will County" may be used to recognize and/or publicize this donation.

Non-compliance of this agreement will result in denial of considerations for future donations from 100+ Women Who Care Will County.

Signature

Printed name & title of organization's authorized representative

Congratulations!

Please give us a brief idea of how this donation will best be utilized so we can share

with our members the difference they have made! _____

Please confirm if someone will be able to attend and speak at our next meeting on _____

to describe the impact of the donated funds in person. Yes, someone will attend. Sorry, we cannot attend.

Tax id # _____

Organization Contact _____

Phone _____ Email Address _____

Address _____

City _____ ST _____ Zip _____