



A member of the  INconnect Alliance.

# Donation Form

16 W. Virginia Street, Evansville, IN 47710  
812-464-7800 www.swirca.org

Please print, complete, and mail in form with your gift

*Thank you for your support!*

### Donor Information (please print or type)

Title (Ms., Miss, Mrs., Mr.): \_\_\_\_\_ Name: \_\_\_\_\_

Company: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I (we) wish to have our gift remain anonymous

### Donation Information (Please make check payable to SWIRCA & More)

- \$1,000       \$750       \$500       \$250
- \$100       \$50       \$25       Other \_\_\_\_\_

For Stock gifts, please contact the Development Office at 812-464-7800

### **Please designate my gift to:**

- Activity and Wellness Center       Meals on Wheels       Resource Center
- SWIRCA General Fund       Points of Hope Discretionary Fund       Other \_\_\_\_\_

My gift will be matched by (if applicable): \_\_\_\_\_

- Form Enclosed       Form will be sent       Please contact me regarding **Planned Giving Opportunities**

### Credit Card Information (if choosing to give by credit card) 3% fee for credit cards

Credit Card Type:     Visa       MasterCard       Discover

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

### Acknowledgment Information

My gift is in memory of: \_\_\_\_\_

My gift is in honor of: \_\_\_\_\_

Please notify the following individuals of this gift: (Name) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SWIRCA & More is a 501c3 organization nonprofit organization. Our EIN is 35-1330782. Contributions to SWIRCA & More may be tax-deductible to the fullest extent permitted by law.