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| --- | --- | --- |
| Name of organization: |  |  |
| Contact person: |  |  |
| Address: |  |  |
| Phone: |  |  |
| Email: |  |  |
| EIN number: |  |  |
| Website: |  |  |
| Facebook: |  |  |
|  |  |

About Your Organization: (please limit to 1-3 sentences; this will go on our website with your logo) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, if we choose to participate in the Day of Giving, we:

* Acknowledge that we reviewed the PowerPoint presentation (either live or recorded)
* Acknowledge our receipt of guidelines for the event and agree to follow guidelines.
* Understand that noncompliance with these guidelines may result in forfeit of the bonus fund percentage that would have been allocated to our organization’s project.

|  |  |  |
| --- | --- | --- |
| Signature |  | Title |
| Print name |  | Date |

**Submit to the Community Foundation by February 20, 2019.**